

THE CONSTITUTIONAL PSYCHOPATHIC STATE

(Psychopathic Personality)

I. Studies of Soldiers in the U. S. Army

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I. GENERAL DISCUSSION

The constitutional psychopathic state is a syndrome consisting of various types of behavior and a definite type of basic personality as more or less life-long traits. It includes many, but by no means all, of the nomads, drug-addicts, social and sexual delinquents. And various types of clinical neuroses and psychoses may be associated with it.

The constitutional psychopathic state embodies, in variable combinations, anti-social behavior plus manifestations of egocentrism plus such intellectual defects as the lack of sense of responsibility and lack of judgment: ^{1 2 3 4}

Anti-social Behavior

1. Frequent change: nomadism, the inability to withstand tedium; the desire for adventure, excitement, irresponsible amusement, independence, and for change versus sameness; or as an expression of the desire to escape the consequences of misbehavior.

2. Social delinquency: criminalism as a result of an easy way to acquire material things, defiant attitudes and a lack of amenability to correction, discipline or reward, recidivism.

3. Sexual delinquency: extreme erotism, homosexuality or perversion with the subject himself being loved and the object used mainly for gratification of self. Sexual potency with marital partner may be unusually good in spite of other outlets.

4. Drug-addiction: alcoholism or other addiction occurring as the result of a desire for pleasure, excitement, and play, and usually not to cover feelings of depression and guilt.

Ego-centrism

5. Hedonism: the concept of living on the principle that pleasure is the chief goal in life.

6. Emotional immaturity: conduct characterized by ingratiating and appealing behavior; a tendency to exaggerate, monopolize, disparage, criticize, dramatize, and pout; a dependence on others to avoid the consequences of misdeeds; and an orientation at the "I" level instead of "you," "we" or "they," the sum total of interests consisting mainly in what the individual wants, thinks, feels and does.

7. Callousness: a lack of remorse, or the presence of an insincere and extremely transient remorse.

8. Hair-trigger emotions: irritability, emotional lability, rapid swings from elation to depression for trivial causes, explosive and uncontrolled anger.

Intellectual Defects

9. Lack of a sense of responsibility: lying, often pathological in nature, with exposure causing no distress to the individual; being heedless, thoughtless, improvident, with little thought for the future.

10. Lack of judgment: impulsiveness, the ability to realize consequences intellectually but not to evaluate them, great risks for small immediate gains, and inability to learn by experience.

11. Inconsistent worry: a tendency to fret over failures without taking steps to correct the situation, a lack of constructive counteraction.

12. Rationalization: self-justification, the minimizing of the consequences of misdeeds, the regarding of misbehavior with tolerance and amusement, and the projecting of blame to conditions or to other persons.

Thirty-one case histories were selected as showing psychopathic personalities of many years duration, and were chosen from approximately 191 Army admissions to Corozal Hospital, Canal Zone, during the years 1937-39. The patients were all white males with an average age of 26 years and varying from 19 to 46 years. The average number of the twelve traits found per person was 8.2, with a minimum of 5 and

a maximum of 12. The frequency of the individual traits was as follows:

1. Frequent change	31
2. Emotional immaturity	29
3. Rationalization	29
4. Hedonism	25
5. Callousness	24
6. Lack of judgment	24
7. Lack of a sense of responsibility	23
8. Drug addiction (mainly alcohol)	22
9. Social delinquency	19
10. Sexual delinquency	18
11. Hair-trigger emotions	15
12. Inconsistent worry	10

II. PREDOMINATING SYMPTOMS

A. Alcoholism	3 cases
B. Sexual perversion	4
C. Social delinquency	4
D. Neurosis or psychosis	20

Total 31

A. Alcoholism

In 22 of the 31 cases there was a history of overindulgence in drugs: marihuana in 1, marihuana and alcohol in 3, marihuana, cocaine and alcohol in 1, and alcohol alone in 17. In only 5 instances was alcohol an outstanding feature; in two instances it was associated with a paranoid psychosis, and in two with an acute hallucinosis. In one of the hallucinoses there was a history of homo- and heterosexual perversion. The fifth case is considered to be a good example of alcohol and the psychopathic personality:

Case 1. F. A. N. Male, aged 25, was the youngest of seven children. Family History: Father an abstainer and a lawyer. Mother was a very pretty woman who died when the patient was about 5 years of age. Five brothers were all heavy drinkers, two were married twice and one committed suicide. A sister married twice, the first husband having died of influenza.

Past History: The patient was cared for by a brother's wife and later by his sister until he was aged 10, when he went to live with his father and stepmother. He got along fairly well in school until age 15 and in the 9th grade, he decided to quit school and travel around the country. After a period of aimless wandering, he obtained a job as a "rod man" for two months. He then worked as a "soda-jerker" and was discharged in 6 months for drinking. He worked as a time keeper for 4 months and was discharged for the same reason. In another city, he worked for a brother for a year and almost quit drinking. He returned home because "the old man wanted him." He obtained numerous jobs through the influence of his father but was discharged from them all for drinking. His father kept him supplied with \$75-80 a month, whether he was working or not. While drunk he attempted suicide by hanging and was confined to a state hospital for 6 weeks. Finally, on impulse, he joined the Army. During the two months he was in the Army he drank steadily and once tried to hang himself.

Summary of Mental Examination:

1. *Frequent changes of jobs.* Inability to withstand tedium.
4. *Drug addiction.* Alcoholism.
5. *Hedonism.* Drinking is his sole source of pleasure and for that reason only, he will continue to drink.
6. *Emotional immaturity.* He has a very appealing, ingratiating, affable, friendly manner. He believes that he should be allowed many privileges because he wants them.
7. *Callousness.* No remorse whatsoever. It is his Dad's duty to provide everything he wants. He has no consideration for the girl he plans to marry.
9. *Lack of sense of responsibility.* His drinking is something he has no desire to control. God or somebody will always take care of him and see that he does not suffer for food or shelter.
10. *Lack of judgment.* He believes that alcohol will eventually kill him, and consciously does not want to die. He does not believe that a year in a hospital will help him. However, although he has never been able to stop drinking, he has a girl at home, and if the Army will let him go, he will marry her, get a job, and stop drinking. For the last 4 years, no one at home would give him a job but he anticipates no difficulty.

Summary: A neuropathic sibling history, a broken home, the fostering of excessive passive demands and expectations by the father and probably by female relatives, with alcoholism following as a gratification of oral feminine wishes and to provide the illusion of being masculine through excessive drinking.

B. Sexually Perverse

In four cases, sexual perversity was outstanding. Three were open homosexuals and the other consisted of exhibitionism and voyeurism. The basic psychopathic personality of the three homosexuals was colored further by oral and cycloid trends. All four individuals were overly attached to their mothers, all were soft, appealing and passive.

Case 2. H. A., aged 24, was an only child.

Family History: The father was alcoholic and died when the patient was six weeks old. The mother died of gangrene of the breast when the patient was 15 years old. Her death was a great shock to the patient and he did not recover his normal self for a year.

Past History: Until he was 11 years of age he slept with his mother and took care of her for she had heart disease. After his mother died he failed his grade in school. He then finished the 8th grade without incident. For two years he kept house for a man and his wife, cooking, cleaning, etc. He then entered a monastery and became acquainted with homosexuals there, but he performed no perverse acts. After two years he failed in Latin and Theology and was forced to leave. The next five years were spent doing odd jobs around New York City. There he associated with homosexuals taking passive parts. He finally enlisted in the Army as the result of a casual inclination. His homosexual activities continued.

Summary of Mental Examination:

1. *Frequent changes of jobs.*
2. *Sexual Delinquency.* Overt homosexuality.
4. *Drug Addiction.* Alcohol to release his inhibitions.
5. *Hedonism.* His aim in life is to enjoy himself and everything else is secondary to that aim.
6. *Emotional Immaturity.* His only interest outside of himself

is classical music. He has no interest in making a living or in learning a job. He would like to return to the monastery.

7. *Callousness*. No remorse, no interest in the well-being of others.

10. *Lack of Judgment*. He knows that overt homosexuality may end in a jail sentence. He can control his desires if he does not drink, but he drinks just enough to lose control of his inhibitions.

12. *Rationalization*. He went to a doctor some years ago to be cured of perverse desires, and since he was not cured his tendencies are no longer any fault of his.

Summary: An alcoholic father and an over-attachment to his mother, leading to development of oral, passive, feminine trends and homosexuality.

C. *Socially Delinquent*

These four cases as a group, were characterized by the presence of all traits except Inconsistent Worry. Furthermore, alcohol played only very minor roles in two cases and none at all in the other two. Sexual factors were found in only one case and that consisted of extreme promiscuity. All cases were outstanding in aggressive behavior, demanding attitudes, and lack of response to reason, reward, or punishment.

Case 3. J. G., aged 19.

Family History: The maternal grandmother died of diabetes. The maternal grandfather was alcoholic and a suicide. Paternal grandfather was diabetic and insane. Father died age 49 of a heart attack. He was a violent man who taught his children that they were better than other people. The mother was diabetic, unstable, emotional, aggravated and tried to dominate her children, the patient being her favorite child. Two brothers were "nervous" and one was delinquent.

Past History: As a child the patient was sickly and had nightmares. When he was seven years of age the mother and father separated and his time was divided between them until he was 16 years old. In school he played hookey, broke windows with milk bottles, took money and odd things from the homes of playmates, was aggressive and fought with the other children. At the age of 10 he set fire to a building just to see it burn. He did not like school, did not try to learn, and when he was

in the seventh grade and 17 years of age, he quit school. His first job was with a wire company at \$18.00 a week. He quit in a month to join the CCC. Two and a half months later he quit the CCC to work in a Snack Shop, his mother having certified that a job was awaiting him. He changed a month later to a White Castle. In a few months he went back to the CCC and deserted in a month. He then obtained a job in a White Tower, three weeks later he became the manager of another stand at \$40.00 a week. He was fired in less than two weeks for being arrogant to customers. He worked for three days as helper on a coal truck. He found a gun that was broken and held up a girl on the street just to have some fun and scare her. He ran away with the family car and when he ran out of gas, drove into the police station in another state. He enlisted in the Army on impulse, was constantly on sick-call, went absent without leave for three days, and finally deserted after two months service. He voluntarily returned to military control at the instigation of his mother. The same afternoon he ran away from a guard and later was picked up in town for fighting.

Mental Examination.

1. *Frequent Change.* Inability to withstand tedium, nomadism.
2. *Social Delinquency.* Maladjustment to law and order, not amenable to correction or discipline.
5. *Hedonism.* He has always done what he wanted to do for the simple reason that it gave him pleasure.
6. *Emotional immaturity.* Superficially ingratiating, demanding special benefits from authorities and relatives.
7. *Callousness.* Whatever he has done has been perfectly satisfactory to him. He does not care what his parents think of him and he does not care a "spit" for anybody in the world.
8. *Hair-Trigger Emotions.* Enlisted in the Army impulsively and will fight at the drop of a hat.
9. *Lack of sense of responsibility.* He "lives for the day" and the things he does are all right because he does them. It might not be right for someone else to do the same things.
10. *Lack of Judgment.* Changing jobs for the sake of change without regard to pay. Running away from a guard for no reason and he would have been shot if the guard had not concluded that only a

crazy man would run away in full daylight and in full view. He wrote a letter to a girl seriously proposing marriage and all he knew of her was her name.

Summary: A neuropathic family history, a broken home, an unstable dominating mother with the development of aggressive psychopathic behavior in the son.

D. Neurosis and Psychosis

Two patients with pre-existing psychopathic personalities solved their problems, in a manner of speaking, by means of a clinical neurosis, anxiety in one and hysteria in the other. Eighteen patients regressed to a psychosis: 14 became paranoid, two hebephrenic, and two manic. Both of the manic psychoses showed strong oral trends. Sexual delinquency was common in the psychotic group. In the paranoid reactions there were four instances of homo- and heterosexual perversion, four of extreme promiscuity, and one of excessive autoeroticism. In the manic group there was one instance of homosexual activity. In the hebephrenic group there was one instance of autoeroticism.

III. ETIOLOGICAL FACTORS

The family history of 17 of the 31 cases contained neuropathic factors. There was insanity in 9, an alcoholic father in 10, and a criminal father in one. Maternal insanity and paternal alcoholism coexisted in two cases.

Unusual family associations were found in 22 cases. There was over-attachment to the mother in 12 cases (psychosis 4, sexual delinquency 4, neurosis 2, alcoholism 2). An aversion to the father was present three times (psychosis 2, social delinquency 1). Broken and unhappy homes were found 7 times (psychosis 5, social delinquency 2). Either a neuropathic family history or unusual family associations were present in 27 of the 31 cases.

IV. SUMMARY

1. The Constitutional Psychopathic State is a clinical syndrome that is based on a characteristic basic personality.
2. Nomadism, drug addiction, social and sexual delinquency are often combined and may present different aspects of the same problem.

A clinical neurosis or a psychosis may be associated with the constitutional psychopathic state.

3. The most easily detected characteristic of the Constitutional Psychopath is *Frequent Change* manifested by nomadism, an inability to withstand tedium, the desire for change, or for irresponsible amusement.

4. In the examination of large groups of men, any individual that gives a history of frequent changes of residence or occupation should be suspected of belonging to the classification of Constitutional Psychopathic State.

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PERVERSIONS AS NEUROSES (The Paraphiliac Neuroses)
THEIR RELATION TO PSYCHOPATHY AND CRIMINALITY

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In a previous communication on the subject (This Journal, July 1941) the author has attempted to show that what we commonly group under the heading of Psychopathy and Psychopathic States, is a large number of conditions of widely different etiologies and clinical significances that have nothing in common with each other beyond the fact that in some way the individuals concerned have transgressed some accepted social code of behavior. I submitted, that it did not appear reasonable either clinically or scientifically to group together a series of widely different entities on no larger basis than one single feature, itself a very questionable entity. I have therefore suggested that clinically the entire field could be divided into two large groups, the Symptomatic and Idiopathic, meaning by the former a condition wherein the psychopathic behavior is found to be definitely predicated upon some fairly known etiology whereas in the idiopathic such etiology can not be elicited. For demonstration of a symptomatic type of psychopathy I cited the case of a young girl, age 15, who has been guilty of numerous thefts, arson, felonious assaults, and a great deal of wanton destructiveness. Even a superficial analysis of the case permitted the tracing of her entire behavior to maternal rejection with consequent hostility which was the particular psychic factor responsible for her anti-social behavior. The analysis revealed the case to be one of hysterical neurosis and the psychopathic behavior so-called, merely an hysterical symptom. This and nothing else.

But one case is not sufficient to demonstrate and prove a thesis. If our conception be correct, it should be possible to bring forth a number of other conditions in which the psychopathic behavior is conspicuous while the etiology is traceable to basic psychogenic mechanisms. It should be necessary to do even more than that. It should be necessary to show that besides hysterical conditions there are other conditions as well capable of producing psychopathic-like reactions. It should then be

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possible to divide symptomatic psychopathy into a large number of subgroups in which hysterical mechanisms would constitute but a few of the many.

1.

In line with such an attempt to demonstrate definitely and specifically the variety of reactions that comprise the group of symptomatic psychopathy, I now wish to take up another group of reactions, universally spoken of as belonging to psychopathy, namely the paraphilias (perversions) and the anti-social behavior that flows out of them—the sexual offenses. I shall attempt to show that these reactions rather than being psychopathic, are essentially psychogenic in their nature, their symptomatology and etiology being traceable to unconscious emotional factors, while the anti-social character of their behavior giving it a psychopathic facade, is entirely incidental and secondary, and is also predicated on psychogenic situations.

Now, it must be admitted that when extreme types of each are taken, neuroses and paraphilias appear as far apart as the poles asunder. The typical hysterical neurosis presents to us a medley of symptoms, emotions tender and labile, easily in view of all, the patient distressed and unhappy, and often a disturbing influence on those around him. His sexuality which is universally within the limits of accepted heterosexuality, is as mobile and fluctuating as is his somatic and behavior symptomatology, and superficially at least gives no clue to any paraphilias. It is only in the unconscious mental life that one discovers that their mentation is quite frequently preoccupied with all sorts of paraphilias which however remain repressed. Repressed, though it is, it does not remain however entirely without some overt expression. He is not happy in his heterosexuality and within the limits of his heterosexuality he is likely to be given to a variety of sexual expedients which on analysis are found to be but paraphiliac disguises and masks. What other significance can there be attached to such behavior, for instance, as masturbation immediately after an apparently normal intercourse, or insistence on certain positions which are not regularly demanded in normal relations? etc. None of it gives him the satisfaction craved, and troubled and unhappy he expresses his dissatisfaction by a variety of somatic and emotional disturbances behind which one would hardly suspect a sexual and paraphiliac etiology.

The typical paraphiliac, on the other hand, presents quite a differ-

ent picture. One does not see here any fluctuating emotional disturbances, the individual being usually quite composed and apparently well balanced. In vain does one look here for any physical symptomatology comparable to that found in hysterical neuroses; none is found. It would almost appear as if the individual's absorption in his paraphilias precludes an overflow into the channels of hypochondria and acute anxiety which seem so obvious in the case of the hysteric. As their social and personal adjustments do not appear to differ from the average, it would seem that outside of their sex life, they appear to us as perfectly normal individuals. Whereas the hysterical neurotic is not conscious of his paraphiliac trends, believing himself to be sexually entirely normal, the paraphiliac is quite aware of being different sexually from the average and the normal, though that in itself is of little moment or worry to him. Nevertheless, abnormalities there are and they are found in their sex life, when we have the opportunity to study it more intimately. Their sex life, while superficially less capricious than that of the average hysteric, bears at the same time a more compulsive character. It is obsessional and all-consuming, these individuals seemingly living mainly for the purpose of satisfying an apparently insatiable sex urge.

The above considerations, however, concern only the extreme types of each group and it may be reasonably expected that as such they would not be recognizably related. Commonly and popularly, it is often much easier to note superficial differences than to detect underlying points in common that require more careful and more precise studies. There is, therefore, some justification for the current misconception that separates the neuroses and paraphilias. The difficulty is enhanced by the fact that overt paraphiliacs as a group rarely look or come for treatment, for they are satisfied with their type of sex life and since as a rule they have no physical or other symptomatology, they do not feel the need of seeking physician's help. However, starting from the extreme end of each group, one has no difficulty in noting a series of gradations so closely approaching each other as to almost merge, with symptomatology common to both types. It is then, that coming to the attention of the physician, it is a much less difficult task to discover the genetic relationship between the two.

Of many such gradations existing, we can only not here a few. Commenting on the problem on another occasion⁽¹⁾, I called attention to

(1) KARPMAN, BEN. *The Neurotic Trends in Jonathan Swift as Revealed Through Gullivers Travels*. The Psychoanalytic Review, Vol. XXVIII, No. 4.

a type of an individual, in whom the manifestation of neurotic anxiety is so completely rationalized that its recognition is difficult, as for instance, in those cases where the anxiety is almost invariably associated in the conscious mind with economic insecurity, the individual claiming that he is not afraid of this or that in itself (accident, sickness, etc.), but only because of the expense which it entails, the loss of time, absence from work, etc., involved. Similarly, there are persons of obviously neurotic makeup who rationalize their unconscious paraphiliac tendencies, which they are dimly aware of but the presence of which they excuse on the ground of preoccupation with their health, etc., as in the case of the man who obviously goes out of the way to discuss his bowel movements, the size, color and odor of his stools, the frequency and force of his urination, etc., on the pretext that these things are indexes to his physical condition and must be duly observed in the interest of hygiene. The same individual, who either knows nothing about dreams or who refuses to believe that they possess any significance, will discuss in detail and with great amusement, anxiety dreams which at once betray to anyone at all familiar with them pronounced paraphiliac conflicts in the dreamer.

In the next series of gradation, we note several types in which the claims of hysteria and paraphilia often seem to be about equally divided. In one type of individual the conflict between the consciousness of the paraphilia and the demands of the super ego becomes so intense that the result is a series of periodic outbursts of incoherent anger with the environment, and the individual is described as "temperamental" or "extremely difficult" by his associates, who are generally ignorant of the claims of his paraphilia. Or the type of an individual who for a long time remains apparently unconscious of his paraphiliac tendency, presenting only the neurotic symptom of supposed illness; then, when the stress of the paraphiliac tendency forces itself unmistakably upon the conscious attention, the neurotic symptoms gradually disappear, forgotten in the patient's absorption with his paraphilia. One knows of individuals typically hysteric who became actually ill mentally because the preoccupation with paraphilias has become so obsessive that it threatened to break through the social barriers; terrified at the danger of losing out in favor of the paraphilias, the individual has thus been driven to commit suicide. In the instance of alcoholics one observes quite universally the presence of a large unconscious homosexual component which does not give them rest; and it is singularly true that when the homosexual component begins to press too heavily to the surface, the individual then es-

capacities in alcohol in the hope of thus stilling the paraphiliac trends. This sometimes succeeds, but often it only makes matters worse because alcohol has a tendency to break the power of sublimation and therefore allows the individual, while under the influence of alcohol, to indulge in homosexual and other paraphiliac practices, which they would never dream of, in a sober state. Again, one sometimes observes acute psychotic states in which the individual, panic-stricken, desperately struggles with unconscious paraphiliac trends that demand overt expression; then for seemingly unexplained reasons the patient suddenly yields to a paraphilia, and the patient miraculously recovers. One may offer here as a general proposition that the more reconciled to his paraphilia the individual becomes and the greater the extent to which it monopolizes his conscious attention—particularly if he is capable of idealizing it and ignoring the disparity between it and prevailing social standards—the less likelihood there seems to be of a display of symptoms.

There is a type of homosexual in whom the hysterical symptoms are in abeyance as long as the individual is engaged in homosexual pursuit; but when for whatever reason, he abandons this and tries to lead an ascetic or thoroughly abstemious existence, he promptly falls a prey to a host of anxieties predicated upon the presence of imaginary diseases or the threatened imminence of insecurity or danger. This anxiety is an expression of an unrequited and floating libido. It is particularly from this type of cases that we gain the impression that the wider scope the individual is able to give to his paraphilia, or the more fixed attention he rivets upon it, the less likely he is to be preoccupied with baseless and imaginary fears. But it is when the paraphiliac patient has a breakdown of his own, often an acute hysterical episode which necessitates treatment that individuals of these types come to the attention of a psychiatrist. In such cases the paraphilia remains in the background and their intimate relation to the hysterical neurosis is discovered only later in the course of treatment. Quite universally they are then diagnosed as neuroses. There is no doubt, however, about their being paraphiliacs seeing the dominant role that paraphilias play in their life, just as there is no doubt about their being full fledged neurotics judging by the varied symptomatology and behavior displayed.

There is another group of paraphilias that sometimes comes to the attention of the psychiatrist. It is the case of the typical paraphiliac who has run afoul of the law (sex crimes) and is sent to a mental hospital (or referred to a psychiatrist for private care) in which case the stimulus for treatment is provided mainly by the desire to regain freedom or escape

punishment. Such cases are usually diagnosed as psychopathies. They are, however neuroses, just as the other cases are.

To sum it all up, paraphilias are neurotic expressions representing, in all probability, fixations at earlier levels, perhaps the pre-genital; which would explain why they appear constitutional-like and, seemingly at least, established behavior reactions. The hysterical reactions, on the other hand, represent later fixations, perhaps at the Oedipus level. The more complete the earlier fixation, the less likely it is to be related to later points of fixation; and conversely, if the development has not been arrested completely at a particular point (and it rarely is), then the greater will be the intrusion of later elements.

Thus, when viewed in terms of genetic dynamics, paraphilias and neuroses are not the opposites of each other but sisters under the skin and basically the same. Paraphilias are neuroses in every sense of the word as measured by the usual standards with which we commonly evaluate neuroses. No less than neuroses, they have their constitutional bases but these are surely no more frequent than nor significantly different from those which we find in neuroses. Like neuroses they are the results of life-long, thwarted development and of a sexuality that in no wise differs from that of other neuroses, except in being arrested and fixated at a particular and probably earlier point. Paraphiliacs have in common with hysterics the fact that, popular opinion notwithstanding, they are highly sensitive individuals, neurotics all. In all too many instances to be regarded as exceptions, they can convert, displace, compensate, repress and affect any mechanism as truly as hysterics can. More significantly yet, paraphiliac trends, hardly if ever expressed as established reactions but forming a large part of the unconscious mental content, are found in abundance in hysterical, compulsive and other neuroses. There is a difference between neuroses and paraphilias not so much in kind, or even in degree, as perhaps in the point and age of fixations.

2.

I shall attempt to demonstrate the thesis that the relation between neuroses and paraphilias is not merely incidentally concomitant, but entirely integral, one flowing out of the other, by the presentation of three cases of which two have been arrested specifically charged with a sexual offense: carrying obscene pictures in one case, exhibitionism in another case. The third case, that of G. S., came to us primarily because of hys-

terical convulsions and numerous other neurotic manifestations. However, he only technically escaped arrest; actually he has engaged in a variety of sexual behavior, much of which carries arrest and punishment. The lives of these men are heavily charged with paraphiliac interests and they are equally full of neurotic symptoms. I shall further attempt to show that these individuals are not merely paraphiliacs who also happened to be neurotics, or, conversely, that they are neurotics who also happened to be paraphiliacs, but that they belong to a particular type of neuroses in which the paraphiliac behavior has either broken through the barriers of repression and gaining ascendancy, has become part and parcel of the whole structure; part of a chemical compound, not a separate ingredient of a physical mixture; or else, it is an expression of arrested development, of psychosexual infantilism.

Though the consideration of this type of cases is of exceeding importance both clinically and theoretically, they are of still greater social significance, especially as viewed from the standpoint of forensic psychiatry. It is necessary to break here a prejudice that stands in the way of a more enlightened approach to the problem of crime. This prejudice is that sexual deviations and abnormalities are expressions of psychopathic behavior and because of this the individuals in question are fully guilty and responsible before law. Contrasted with paraphiliacs from the standpoint of forensic psychiatry, most of the hysterics are innocuous socially, because the indulgence in various paraphiliac tendencies remains within the limit of the individual's preoccupation and does not transgress social norms. The paraphiliacs, on the other hand, may transgress the social norms and for this reason often become involved in socially prohibited behavior. Since they are genetically interrelated, it is entirely proper to treat paraphiliacs as neuroses. While their grouping with psychopathies leaves the condition hopeless of psychotherapeutic approach, for by common consent psychopathy is not curable, their grouping with neuroses provides immediate hope of amelioration or cure. And if their behavior is recognized as an expression of unconscious motivations and not of psychopathy, their place, it is urged, is not in a jail but in a hospital, and their treatment not punishment, but psychotherapy. In doing so we are according them the same consideration as we do the other types of criminal behavior, such as the predatory or homicidal crimes many of which are now recognized as but symptomatic expressions of psychoses or neuroses to be treated as such, namely, psychotherapeutically and not punitively.

Every psychotherapist of experience must have in his records at

least a few cases of analysis of homosexuality, exhibitionism, transvestism, etc. that he has treated and cured or improved. The presentation of such analyses should convince any unbiased observer that these paraphilias are essentially neuroses and are as amenable to treatment as neuroses.

CASE ONE

Summarized Tabulation

Background	Neurotic Reactions	Paraphiliac Reactions
Tainted heredity	Hypochondria	Masturbation
1. Father apparently neurotic and alcoholic to an extent.	Syphilophobia	Homosexuality
2. Mother extremely neurotic, hysterical, excitable, etc. Psychotic before her death.	Anxiety	Fellatio—active and passive
3. One great-uncle epileptic.	1. Fear of burglars.	Pederasty—active and passive
4. Another great uncle neurotic (fits of depression).	2. Fear of snakes.	
5. Female distant cousin psychotic at one time.	3. War worry.	Voyeurism
6. Another distant female cousin had "tantrums."	4. Fear of impotence.	
Faulty home situation.	Suicidal tendencies	Exhibitionistic tendencies
(Over-protected by mother with whom he slept until he was 9, and occasionally thereafter until he was 16).	(Related to hypochondria and to evasion of responsibility).	Paedophiliac tendencies.
Fears implanted by mother relative to venereal disease.	Inferiority	Cannibalistic fantasies
G. C. infection resulting from active pederasty.	Masochism	(Thoughts of tasting blood of homosexual partner.)
	(Manifested by psychic determination to suffer from incurable disease; related to hypochondria).	Zoophilia (single episode; no subsequent ones).
Religious teaching of mother, who was an ardent Christian Scientist.	Somnambulism	

b

H. B. is a 30-year-old white male who has been hospitalized since 1932 following an acute neurotic disturbance resulting in large measure from a venereal infection and climaxed by an acute hysterical attack while visiting a general hospital for examination. He showed marked improvement following the death of his mother about whom he had worried a great deal. He adjusted satisfactorily to all parole privileges but remained without ambition and was afraid to try to make an economic adjustment on the outside.

The history shows an abnormal attachment to and emotional depen-

dence upon the mother, with whom the patient slept until he was nine; frequently thereafter until he was 16; and on a few occasions until he was 20. Earliest erotic interests as we commonly find in the history of so many homosexuals were bisexual, but became exclusively homosexual after a few half-hearted attempts at heterosexual adjustment had resulted in complete failure. When separated from his mother by economic circumstances, (following his father's death when he was nine years old) which forced his mother to seek work away from her home town, he was lonely and miserable, mourned her absence and failed to adjust satisfactorily either in or outside of school. Subsequent occupational adjustment was poor, even after being subsequently reunited with his mother. His progress into promiscuous overt homosexuality was gradual, but by the time he was 20 it had become fairly persistent and fixed. He had one unhappy love affair with a boy and had crushes on several others, but for the most part his homosexual adjustment was made on a low level, and his places of rendezvous were most frequently public toilets. Following his protracted association with an older man, he acquired more moral stability but was still inclined to occasional lapses. His homosexual activity caused him considerable mental conflict for social reasons and he bitterly resented the terms of opprobrium which were heaped upon him by other patients who seemed to recognize his homosexual makeup. Promiscuous sexual indulgence was invariably followed by anxiety which took the form of syphilophobia. When his behavior was such as to preclude any possible basis for this fear, he became hypochondriacal and worried about various neurotic symptoms, the principal one of which was a pain in his back (presumably resulting from mother identification, since she suffered from a sacroiliac condition preceding her death); entertained fears of cancer or other incurable disease and seemed to show an unconscious masochistic determination to suffer from some imaginary ailment, to find some other set of circumstances about which to distress himself, all apparently related to an underlying sense of guilt.

He was arrested once in a park on a suspicion of exhibitionism of which, however, he was not guilty. When searched, he was discovered to have in his pocket obscene pictures of male nude body with penis exposed and erect. The pictures were of himself.

c.

In his personality make-up, apart from his paraphiliac activities, patient can best be described by the familiar phrase "a good boy." He

wants to please others and to be liked by them. He has the cowardice of the typical neurotic, but it is believed that when cornered he will fight, although fighting would be a matter of last resort.

He is honest to the point of stupidity (guileless) and not at all versed in the necessity for diplomacy as opposed to candor. He has very little understanding of the politics of any given situation.

He is not studious, says he doesn't understand how he even learned to read and write. He never made a satisfactory adjustment in school and never made a really satisfactory occupational adjustment, his longest periods of occupation having been as a messenger boy and an elevator operator. More than once he quit jobs because he was "sick and tired of working" or because he thought he was working too hard for too little money. He is essentially lazy, not only mentally but also physically; and yet at times he will work thoroughly and industriously at something which he himself has initiated, such as cleaning a bathroom, polishing silver, cleaning cupboard shelves, etc. He is splendid in a sick room and would probably make a good male nurse if he had the capacity for the study and discipline necessary to secure the requisite training. What he does he does thoroughly, but is unnecessarily slow in doing it (because it is done to the accompaniment of day-dreaming) and procrastinates a long time before actually beginning it.

While he seems to have a certain amount of pride about money matters and about imposing on others, one gains the impression that unconsciously he would like to have someone maintain him. This is not actually so much from laziness as from feelings of inadequacy with respect to economic and social adjustment. He says, "I am as afraid of the world as a two-year-old baby."

His predominant characteristic is represented by complete domination of the pleasure principle, manifested primarily by a desire for a state of complete irresponsibility. When he is what he calls "relaxed", he is happy—he has nothing to do and nothing to worry about, but feels secure and at ease. At other times his prevailing anxiety (syphilophobia, hypochondria, etc.) makes him a prey to more or less continuous worry about his health, his sexual powers, etc. He seldom worries about the future, however, but lives, as he expresses it, "from day to day."

d.

In this case, some of the neurotic reactions are in part conditioned by his memory of the suggestions of a neurotic mother. The syphilophobia and the hypochondria were both suggested by her. She talked

to him about syphilis (before he was old enough to know what it was), and her own hysterical reactions were suggestive of hypochondriacal ideas. Fear generally is undoubtedly connected with the patient's sense of guilt, growing out of the Oedipus situation which latter too, appears to be directly responsible for his homosexuality. It is suggested that the paedophilic tendencies may be connected with mother identification; that the children whom he sees are really substitutes for himself. The cannibalistic phantasies and the zoophilia are almost negligible factors, representing merely capricious variations of strong libidinal feeling.

Inferiority feelings are definitely related to homosexuality. The consciousness of the homosexuality is the basis for the feeling of inferiority. The fear of impotence appears to be related to an unconscious castration fear. Actually it is a fear of loss of pleasure, because impotence, to a homosexual, can have no other meaning. Snakes may represent, in the form of fear, the intense paraphiliac craving, or they may symbolize guilt (after the manner of Biblical symbolism).

There is no masochism as such. It is merely suggested by the persistence of the hypochondria. The constant predisposition to fear physical illness suggests an unconscious will-to-punishment, which may also be related to the Oedipus situation.

CASE TWO Summarized Tabulation

Background	Neurotic Reactions	Paraphiliac Reactions
Tainted heredity	Inferiority feelings	Exhibitionism
1. Father, nervous breakdown.	Alcoholism	Voyeurism
2. Mother, high-strung, violent temper, alcoholic.	Masochism (states of self pity)	Masturbation
3. Maternal aunt a suicide	Temper tantrums (with assaultive tendencies).	Cunnilingus
4. Maternal uncle had two nervous breakdowns.	Compensatory ideas of unusual artistic ability; fame - winning potentialities, etc.	Homosexuality
Faulty Home Situation	Suicidal tendencies	Fellatio { Passive with women. Passive and active with men.
1. Quarrelsome parents	Sadistic fantasies (of forced sexual acts, not involving pain).	
2. Patient over-protected.		Narcissism
3. Too closely associated with mother.		Sadism (attempted rape)
4. Class-conscious (snobbish) ideas implanted by mother.		Zoophilia
5. Mother has a terrific temper.		
Humiliations at hands of bullying schoolmates etc.		
Hypospadias		

b.

J. F. is a 29-year-old white male with a hypospadias which was a major psychogenic factor in his exhibitionism, for which he was arrested and finally committed to St. Elizabeths. Has confessed to some 200 episodes of exposure, a great many voyeuristic episodes, and at least one episode of attempted rape (there appear to have been a couple more). History of persistent masturbation, some of it associated with his exhibitionistic experiences. History of homosexual relations (passive fellatio, but occasionally active), alcoholism, cunnilingus with at least one woman (many phantasies of it with others) and limited normal heterosexual relations exclusively with prostitutes.

Heavily tainted heredity. Faulty home environment with constantly quarreling parents. Ambivalent emotions toward mother, one extreme being represented by assaultive tendencies.

Cowardly as a child, bullied by schoolmates. Once forced to kneel and kiss another fellow's shoe. Snobbish ideas instilled in him by his mother. Increased feelings of inferiority because of hyposadias, acne, large nose, thinness, hand-me-down clothes etc.

Early mutual masturbatory experiences with other boys and some passive fellatio. Later some active fellatio in connection with alcoholism. Erratic occupational adjustment, gradually growing poorer because of alcoholism and laziness. Only consistent effort was made in vocal lessons which had to be abandoned because of throat condition resulting (patient claims) from improper tonsillectomy.

Growing sense of frustration with women. Exhibitionistic activity came on apparently in an attempt to overcome inferiority feelings resulting from this and the hypospadias, the voyeurism going along hand in hand but always secondary to the exhibitionism. The attempted rape was apparently the result of frustration and alcohol. (This episode was not an attempt at normal intercourse but at forced passive fellatio.)

c.

In his personality makeup, he is outstanding egocentric and lazy; essentially a coward. He is incapable of any satisfactory occupational adjustment because of interference by his paraphilias and his alcoholism, as well as his general laziness. His occupational ability has shown a gradual decline; in recent years it has been negligible.

Disposed to believe himself capable of accomplishing great things, usually in some artistic field, and equally disposed to find never-ending excuses for his failure to accomplish anything.

Sentimental, almost maudlin, in his attitude toward women who attract him, greatly over-emphasizing their attractiveness and credulous in his conviction that they ought to be interested in him, apparently reacting toward them in a sort of Oedipal fashion. He would really like to have a woman support and protect him as his mother has done.

Apparently ill-tempered (like his mother), though the hospital records do not disclose extent of his temper reactions; with his mother these included violence.

Sensitive to external defects which conflict with his narcissism—acne, skinniness; lack of good clothes; a large nose, etc. etc. and making these things the basis for many of his inferiority feelings.

Sneaking? (There is some history of petty thievery when he was younger—stealing gas, money from milk bottles, etc.—but it is not known whether this tendency was merely a temporary phase or has persisted in later life.)

No remorse for past anti-social acts, but self-condemnation for acts which he believes to have been foolish. Likes to talk about his sexual misdeameanors and relishes their memory.

d.

In this case the Inferiority Feelings would seem to be intimately connected with all of the paraphiliac reactions which involve either abortive sexual activity or definitely compensatory activity. Exhibitionism, voyeurism and masturbation are all essentially defeatist sexual characteristics, linked with the patient's failure to achieve mature sexual goals, while homosexuality it is either an arrested stage of sexual development or a regression to an earlier stage of such development. The alcoholism, hypochondriasis and masochism (states of self-pity) are really all a part of the inferiority, and the alcoholism particularly is intimately connected with the fellatio with men, which is, of course, one manifestation of homosexuality. Cunnilingus is definitely connected with inferiority, while passive fellatio with women has a narcissistic and compensatory character. The temper tantrums are frustration reactions, and therefore inferiority reactions and are, on a small scale, similar to the sadism exhibited in the attempts at rape. These latter, it is believed, did not have so much the aim of achieving adult sexual relations as of overcoming the torment of inferiority feeling because of the failure to achieve mature sexuality.

The compensatory ideas of unusual artistic ability, fame-winning

potentialities etc. are compensatory fantasies and in their sphere are not unlike the narcissism and exhibitionism. They *are* narcissistic, and really constitute exhibitionistic fantasies removed from the sexual field. Instead of exhibiting his penis, he exhibits his mental prowess and superiority. The sadistic fantasies of forced sexual acts are merely the prelude to the patient's actual attempts at rape, which have already been referred to as desperate compensatory efforts to offset the torment of inferiority.

CASE THREE

Summarized Tabulation

Background	Neurotic Reactions	Paraphiliac Reactions
"As a little fellow he used to fear his mother and says he never had a real mother's love."	Inferiority feelings.	Masturbation
	Hypochondriasis	Fellatio
Mutual exhibitionism with a little girl at age 4.	Alcoholism	(Auto-fellatio)
	Suicidal Tendencies	Homosexuality
Excessive religious atmosphere of Catholic schools age 3 to 7, with corresponding faulty secular educational progress. (Never progressed beyond fifth grade).	Convulsions	Pederasty
	Cannibalistic fancies	(Auto-pederasty)
	Mutism	Cunnilingus
	Negativism	Coprophilia
Constantly changing menial jobs with no capacity for occupational adjustment.	Self-mutilation (?)	Urolagnia
	Promiscuous heterosexuality.	Paedophilia
Mother very nervous and easily aggravated.	Depression	Narcissism
		Exhibitionism
		Masochism
		Voyeurism

b.

G. S. is a 33-year-old white male with negative heredity save for a nervous mother with a tendency to acute irritability.

From the age of 3 to the age of 7 he was in Catholic schools where he apparently received many religious impressions but made slight educational progress. Afterwards he went to night school but only reached the 5th grade and played hookey a great deal. His occupational adjustment was always poor, complicated with quarrelsomeness and intoxication.

He claims to have masturbated since the age of 4. He had an early homosexual experience with another boy with whom he had intercrural intercourse and on whom he performed fellatio. He had incestuous phantasies concerning his mother and sister and associated these with religious ideas about Jesus, the Blessed Virgin and various saints. He tried to practice auto-fellatio and auto-pederasty.

In 1930 he was hospitalized in a tuberculosis hospital in Louisiana following which he renewed his interest in religion and from then on became a religious erotomaniac. Apparently this was in response to an overwhelming sense of guilt consequent upon paraphiliac over-indulgences. He drank urine, ate feces, tried to circumcize himself with a towel, attempted several forms of self-mutilation. He gave expression to mutism and negativism apparently under the influence of religious ideas. It is highly suggestive that even in the course of propitiation and atonement which constituted the main features of his acute breakdown, paraphilias were not entirely abandoned but on the contrary, were constantly played with in phantasy, showing the close relation between paraphilias and neurotic phantasy life. He had what appeared to be a typical epileptic convulsion while standing before a crucifix; and foamed at the mouth under the influence of phantasy in which he performed fellatio on the crucified Christ. Subsequently identified himself with the dead Christ removed from the cross when he was being carried on a stretcher to an operating room. (The chronology of these episodes is not clear nor is it certain where they all took place.) He employed both the crucifix and the rosary in forms of religious erotomania, putting them next to his penis and testicles, etc.

c.

Of the other aspects of his life and personality traits, it appears that after leaving school he seems to have made a poor occupational adjustment, giving up jobs or being fired. Once he quarreled with the boss and was fired, once he "got drunk and lost out." He made two trips to sea as a mess boy on an army transport and "got drunk whenever he could." Had two other jobs in butcher shops or grocery stores; fired from both, first as result of a quarrel, second because of intoxication. In 1912 secured position in Steward's department on a coastwise ship, made many trips, left in 1917 to enlist in Army. One courtmartial in Army. Discharged in 1919. Subsequently worked in a shipyard, in two hotels, as a dishwasher in a lumber town, as a logger in the woods (lumber camp?) but "couldn't stand the work." Went to sea again in a coastwise

ship. Entered the Marine Hospital when ship came to New York. His occupational history seems to be liberally punctuated with quarreling and being drunk.

Hospital ward notes describe him as industrious and contented only when occupied, but high strung and nervous, quick tempered, flying off the handle easily.

d.

In the instant case we seem to have a more or less continuous regression to the anal sadistic stage of infantile development. The undisciplined pleasure principle seems to have come into conflict with the religious discipline of Catholic schools, and to have resulted in a compromise by which religious symbolism was made to serve erotic ends. Nearly all of the neurotic reactions appear to have been connected with superficial religious ideas masking the inner sense of guilt, whereas the paraphiliac reactions were the natural result of the polymorphously-perverse manifestations of the infantile pleasure principle. Hypochondriasis, alcoholism, suicidal tendencies and convulsions were all escape mechanisms directed as much by fear of responsibility (to himself) as by guilt feelings; while mutism, negativism and self-mutilation were disguised forms of "penance" directed by the religious ideas he had had drilled into him. Pleasure (usually sexual pleasure) and religion are the only two things he knows. When the pleasure breeds too much guilt, he dresses it up in religion and becomes masochistic. Perverted religious ideas are probably responsible for the persistence of some of his paraphiliac behavior, notably coprophilia and urolagnia, which also become interwoven with masochistic phantasies.

GENERAL COMMENTS

The current conception of psychoneurosis is very narrowly circumscribed and altogether too limited. We will diagnose as hysteria an undoubted case of conversion or other equally conspicuous somatic manifestation, if at the same time definitely psychotic manifestations are excluded. A vast number of reactions which is measured in terms of mental content, psychic behavior and dynamics involved, undoubtedly belong to the group of neuroses, are not included here and are put elsewhere, most often in the psychopathies. Who, for instance, can doubt that kleptomania, as we see it clinically, is a symptomatic expression of a

full-fledged neurosis? Yet if coming under observation of a psychiatric hospital it is likely to be diagnosed Psychopathic Personality, with or without psychosis. One does not treat a case of pyromania very long before he realizes the essentially psychogenic basis of the reaction, yet without exception the institutional psychiatrist will call it psychopathic personality, and ignore the obvious psychic aspects. Who, having studied the non-psychotic, chronic alcoholics, can doubt their being fundamentally psychoneurotics; yet universally they are never diagnosed as such, but as psychopathic personality without psychosis or else chronic alcoholism,—not insane since admission. Properly, they belong to the group of neuroses.

In this connection, a group particularly deserving of our attention is the group of sexual abnormalities, overt and established behavior reactions of which we commonly speak as perversions or more correctly as paraphilias. Let an unmistakable case of homosexuality, exhibitionism, paedophilia, fetishism and related reaction types, be admitted to a psychiatric institution, and hardly without any exception, the cases will be conventionally grouped under psychopathies. Yet these types of cases have all the earmarks and manifestations of neuroses.

It is the essential thesis of this presentation that in the various paraphilias we are dealing essentially with neuroses, mainly because, like neuroses, they are surface symptomatic expression of underlying unconscious motivations. On analysis they reveal themselves as having essentially the same psychic structure as neuroses; and like neuroses, are approachable and curable by psychotherapy. Their grouping with psychopathies prejudices us against any such approach, for by common consent psychopathy is not curable. Their grouping with neuroses forces the admission of the psychic basis and provides immediate hope of amelioration or cure. Furthermore, these individuals often get themselves involved in socially prohibited sexual behavior. If this behavior is recognized as an expression of unconscious motivations and not of psychopathy, their place, it is submitted, is not jail but in a hospital, and their treatment not punishment, but psychotherapy.

b.

Thus, viewed in any manner and from any angle, these cases can by no manner of means be grouped under the heading of psychopathy. The "normal" paraphiliac, if we except the sexual behavior proper, is as normal an individual as one wishes to meet, a law abiding citizen in the

community and frequently a leader. If his sex life deviates from the normal and the average, it is after all entirely his own concern. Even if he gets into conflict with law on account of some sexual transgression—which transgression, as pointed out, is psychogenically conditioned and is merely symptomatic of an underlying neurosis, that still does not make them psychopathic. What indeed is there in them that is psychopathic beyond the fact that they came in conflict with law? To be sure they are technically criminals but only because society chooses to brand their sex life as criminal. Even granting, for the sake of argument, that their sex life bears an antisocial character, it isn't difficult to see that their criminality has no other significance than that of a neurotic symptom, traceable to definite psychogenic motivations, thus ceasing to be an expression of psychopathy. Their psychopathy is a counterfeit psychopathy, purely symptomatic, and secondary to some deeper primary condition.

If we take the other extreme, that of neuroses, we are well acquainted with their position in society. Whatever these individuals entertain inwardly and unconsciously, is entirely their affair, for society sees nothing and hears nothing of it; whatever personal problems they have, they pay their own price for it. However and contrary to the prevalent opinion, neurotics too, frequently get into conflict with law, not necessarily because of a sexual crime, but most often because of a crime that is of a predatory or violent nature (against person), but that still does not make them psychopathic. The middle group presented by the type of case described in the instant discussion are primarily neurotic as well as paraphiliac even if at times anti-social.

How vastly different are those cases from cases of primary or essential psychopathy (anethopathy) in personality make-up, in social behavior, in their personal attitudes toward life problems, differences so widely apart as to appear to have nothing in common with each other.

c.

There seems to be no doubt, as pointed out on previous occasions, that the true psychopath does have a sex life that deviates considerably from the normal, but it isn't the type of sex life that is likely to involve him with the law on a charge of such a sexual offense as for instance homosexuality, pedophilia, incest, exhibitionism, transvestism, etc. which are punishable by law, in some states very severely. In the great majority of cases, all these are types of sex crimes that involve individuals of

the paraphiliac type and the motivation is not psychopathic but psychogenic. No one would suppose that an individual charged with incest or exhibitionism does it all for purely psychopathic reasons, that is, he has some ulterior conscious motive behind it. This is not denying, of course, that the psychopath too may not become involved in these types of behavior, arrested, and punished accordingly, but even then the motive most often would be psychopathic rather than psychogenic. A case comes to the author's mind of an individual whom he would regard as belonging to the primary type of psychopath. This man was charged with bigamy. The situation was that while married, his wife in another city, he met a girl who was an heiress to a considerable lot of money. He married her and thus committed the act of bigamy for which he was arrested, tried, and sentenced but the motive here was entirely predatory, his hope being of getting the girl's money. This was, of course, poor judgment which is characteristic of the psychopath. It may be noted that on arrest he was found to have obscene pictures in his pocket which again is a sexual offense and it was stated by his first wife that he has attempted on occasions to have sodomistic relations with his little boy, another sexual transgression. Yet it must be stated that by and large the psychopath is not the one who forms the bulk of people charged with sexual crimes, however abnormal his sex life may otherwise be. He may prey on and cheat a woman, may get himself involved into all sorts of difficult sexual situations, and may, because of poor judgment, lack of reflection, and poor inhibitions, even be guilty of a sexual offense. With all the motive will be predatory and psychopathic and not emotional and psychogenic.

SUMMARY AND CONCLUSIONS

Perversions (Paraphilias) are still regarded quite universally by psythiatrists as belonging to the group of Psychopathies. The purpose of this presentation was to show that paraphilias are basically neuroses and should be recognized as such, that they have an intimate relationship to other neuroses, such as hysterical neuroses, with which they share many features in common. An attempt was made to demonstrate the points in common and the points in difference by the presentation of several relevant cases and pertinent discussions. The recognition is important not only from a clinical and theoretical standpoint but from a

forensic point of view as well since these paraphilias and related reactions contribute most to sex crimes. It has been further submitted that the proper treatment for this type of cases and crime is psychotherapy just as it is for neuroses in general.

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AGGRESSIVE STEALING

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This unusual case of a boy of 22 accused of stealing from his employer \$150 in cash and referred by the court for further psychiatric study on suspended sentence is of interest for the sidelight it throws on the psychopathological background of crime. It was a first offence on his first job and the only motive offered was boredom and desire to escape from home. He pleaded guilty.

Family Data: The essential factual material elicited at the time was as follows: He was a French Canadian, Catholic boy of very superior intelligence (IQ 120), eldest of a family of 3, separated by 7 years from a brother, and 12 years from a sister, of parents of same age 45, emigrating to this country in 1925. The father is a watchmaker described as steady, of moderate drinking habits and well able to support the family. The patient has never kept a job for more than two weeks and has worked at the father's place of employment at odd jobs and in a shoe factory (his first steady one) where he robbed the till. His only other source of income now is caddying and retrieving lost golf balls, the sale of which gives him sufficient pocket money for the rest of the year.

Childhood. The parents supplemented this with a childhood history of his inability to talk clearly until 5, toilet habits only established at 7 years; he had enuresis until 8 years. He could never get on with the rest of the family or play easily with other children; liked solitude or occasional acts of prowess (he broke a rib wrestling age 22); was often distinctly cruel to animals. From 13 he had fear of germs and indulged in excessive hand-washing. At school he was somewhat disobedient and inattentive; but shortsightedness may have contributed. He cared little for work or teachers, and was fond only of sports.

Psychiatric observation after the court proceedings established a neurosis of mixed compulsive type but it was not possible to establish a working therapeutic relationship. Though he was on probation nothing was done. He was surly, suspicious and still later, on his return for

advice, he saw no reason for help and probably was still mistaking the doctors for court officers. His complaint at an examination made 4 years later was excessive sweating, depression, suppressed anger and strong resentment against the father and fear of ulcers (gastric).

A fairly good working transference relation was established, though with difficulty, and with the help of free-association and (later) phantasy interpretations, certain of his earlier experiences could be reconstructed into some sort of order, and there emerged the following data in connection with his symptoms:

Initial Interview. When first seen by us he was of gruff, bored, forbidding manner, ill at ease, with highly congested face, oily sweat, of slipshod address, cowed and bewildered. He spoke in a drawling monotonous voice and with endless repetitions and malapropisms (e. g. "undo-clothes, viscuous, obscure, integretated") and with encyclopedic quotations on his condition. He seemed morose and fed-up, he averted his gaze while adopting a confessional attitude, crying, excusing himself and rationalising by turns. His narration employed excessive detail and circumstantiality with undoings (and "I don't knows" and periphrases of thought. Mannerisms such as rubbing the eye, sucking the finger, shifting in chair, delaying, obfuscating and mumbling also were noted. He showed no vindictiveness or suppressed hate. His shifty glance and facies suggested the paranoid personality. His emphasis was on recent events, the growing resentment toward his father and irritation over continuous use of the radio at meals. He could not take on indoor work. The house was stifling him, he felt hot, suffocated and "strangled", he had been 8 years under this control and hated authority; he longed to creep out and escape. He made reference to the stealing episode.

Personality. In making a rapid survey of the Personality presenting at the time, we assessed him under the following classification heads. His somatotype was definitely *pyknic*; his Mental Constitution *regulative*; his secondary function *affective* with thinking compensations (he was introverted) his mental attitude was 'tortuous'; the Dominant in his psychic nature was *contrariness* (negativism) and the Recessive feature, hate and *vindictiveness*; his Temperament was of the *provocative* order; his Mood was *intensive*; his Character 'constrained' (negative anal), his mental typus, 'emphatic', and his general Personality organization placed him in the *repetoid* class. (All the above heads make use of a 5-point scale of reference). Such traits as the following seemed applicable:

"rigid, scrupulous, minutial, parsimonious and orderly; agitated, monotonous, sour and conservative; circumstantial and rationalising. So far the picture presenting was a psychopathic inferior with a fundamental obsessional streak and hereditary disposition, reacting with isolation. He developed and felt a sense of inferiority in relation to his repressive upbringing as he considered it; and was compensating in recourse to release mechanisms ipsation and drugs that are known to favor exhibitionism and its counterpart. An undercurrent of paranoid mechanisms and homosexual interest was further suspected.

Social and Constitutional Aspects. Anamnesis. When aged 18 he had "good times" with boy friends, had occasional movie dates with girls, enjoyed swimming, wrestling, walking and drinking, but later with little pocket money, he withdrew from these pleasures. He next dwelt on his specific problem of scopophilia. He had apparently seized on a close friend of the daughter of the principal of his school for the object of his exposures. This exhibitionism was originally reciprocated, he claims, in an incident in the woods and since maintained on his part for years in a compelling need to go to her house, and to observe all her movements at a safe distance, often making great detours to do so. He has urges to return to the same site in the woods. She also forms the object of masturbation phantasies. (He was initiated by another boy when 10 years old).

The family life was, he claims, unsettling. His father was away at war (age 6) and he had the mother to himself. He much resented his father's return. He also strongly refused to accept the arrival of siblings. He felt the father was cruel, especially when he came home drunk; and he only felt happy at the grandmother's farm*, fishing, and swimming in the summer. He aims still to be a trapper in the woods, to live in the wilderness and open air. There is a tense feeling when the younger sister is about. She irritates him.

He mentions two years of irresponsible behavior, on leaving high school, going with prostitutes, drinking with pals, smoking doped (marihuana) cigarettes at a time when money was of no account. It was the 'wrong path'. He feels he has "got into a rut", has lost his old prowess and is forever damned. The whole of this aspect of his life is told with

* Where he was boarded age 2 to 5. Later he asserted he never "accepted" either parent. He resolved to remain 'negative' to frustrate their intents and to refuse all work and schooling.

great feeling and confession of guilt, but he blames the sternness of his upbringing.

The School period is chiefly remarkable for a certain isolation, lack of contact with his fellows, an individual athletic prowess, complete lack of interest in curriculum (although a bright scholar) and feeling out of sympathy with his teachers. He graduated from high school. At age of 10 he was initiated into ipsation after mutual inspection of a little girl but this was an isolated instance; he was only interested from a distance.

From 14 onward he 'read up all he could' on civilisations, ancient and medieval Art, which "lived for him" and could be integrated into his life. He was obsessed in regard to his health in mid-adolescence, became vegetarian and tried various cults and avoidances. Age 13 he was told by pals of the facts of reproduction—refused to admit it as applying to his mother, and at 15 he clung to the stork theory, he claims.

The Childhood is punctuated with recurring feelings of being out of sympathy with his small world. He gained delight by solitary pleasures, (pressure on eyeball for color riots) would go wandering in the woods or fishing with a pal. He aimed to be a trapper. He recalls his intense dislike at the approaching birth of his brother and ran from home at his sister's advent.

A disturbing memory of his grandfather's deliberately shooting the household dog for some misdemeanor is of about this time. He broke his nose at 2½ but recalls nothing of his reactions. There occurred occasional stealing of food from the larder or of money from home, both without manifest guilt but careful avoidance of discovery. He felt discriminated against in favor of the younger children and suppressed rather than nursed his rages, except on one occasion when he hurled a manicure set at his mother.

As to his Habits, he was always costive—he had bowel control only at 7 years, was enuretic to 8, fussy over food (milk to be skimmed etc.) but his mother "forced him to take too much." He was given to nail-biting and moon-walking and insomnia.

The Home was run on rather rigid, repressive, precise, moralistic lines. The mother would seem to have been of obsessive tendencies and with a certain fixity of outlook and over-anxiety in regard to patient with control over his whole life; her moral drive and idealistic standard

reinforcing that of the patient himself. For him all women are just perfect and to be put on a pedestal. He claims the father was never disciplinary; but the mother, over-indulgent and corrective by turns.

Late Adolescence represents a free period of revolt from home, association with male companions or prostitutes (of little interest), with drinking, marihuana smoking and love of gambling. These persist. Now, he shows some bold flashes of insight and has read up on his case, superficially. All through he has succeeded in intellectualising his life and rationalising his problems to a marked degree. He has high intelligence and gets a theoretic survey of his state from books. He seems incapable of real feeling. His life is an evasion. In self-description he uses such terms as "I protect myself against my hatred destroying me." "I escape from a compelling motive to persist in a task." "My sublimated resentment in control." "I evade any present realisation of my problems." "My bitter-sweet home life", which sufficiently indicates his ambivalence. He has never faced his actual sex situation squarely. He is bisexual and immature in that he is content with exposure or to be a spectator and he is aggressive with boys only when under influence of stimulants. He denies other experiences. (These emerged only in analysis).

His character on his own showing follows a very specific pattern. The anal sadistic components are evident in his sweating, his poker-face, manner, slipped speech, muffled monotones, series of malapropisms and circumlocutions; also his perfectionism, conservancy and detail, slowness and repetitiveness, hand-washing and nail-biting etc. The libidinisation of his anal image of self is fairly complete also, as his dreams reveal.

His choice of a shoe factory to work in, seems to be guided by an unconscious interest in woman's footwear, the display of the human foot and high heels and the excitement produced. He once asked his mother to stamp on him, "in a masochistic way" as he now calls it, and she always commented on his "beautiful feet in shoes."

Present Occupations. There is a veto against manual work. His keenness for caddying and retrieving of golf balls from the water seems to be accounted for by the opportunity the latter affords for diving in to muddy depths sparsely clad, the open air life, good rewards, and the 'value' attached to the sport itself—a psychic economy satisfying many impulses. The desexualised polarity of one sexual component may thus make this part-whole identification adequate for him. His satisfac-

tion in witnessing the genitals of little girls relates to his first sexual initiation age 10, and the fact that "they do not betray you or harm you"; although in his phantasies those often have matured adult parts. (Seduction may have been much earlier). The pleasure of watching the act of stripping relates to curiosity and the need to see *under* things (skirts, etc.) and "to get to the bottom." He defends himself by projection and the need of women to see his parts.

Next his *Claustrophobia* which takes acute panic form and is considered genuine, apart from the obsessive character behind it, covers a fear of confinement, of all "retreat being cut off" and with "no loophole of escape," also fear of being overlooked, hovered over, or dominated by another. He is affected by inescapable situations and loud sounds from which he seeks instant release, (there are no burial fears and he is fond of diving). He thinks that the closed-in atmosphere of factory and home, and dancing in close embrace produce the sweating and congested face. (There is evidently a fear of smothering). He prefers girls at a distance. He is essentially passive. His identification with the woman's position in life may account for his terror of closed spaces.

Therapy. In view of the history of his surface antagonism to society, to authority and to psychiatry, active psychotherapy was called for. We felt that this manifest cloak of intellectualisation and mystification overlay a deeper positive feeling. Even though his life was sadly warped and although the behavior pattern was a mass of inconsistencies, it was decided to encourage deeper free association and phantasy production. In this way the perverse tendencies he elaborated came gradually to be recognized. Definite paranoidal systems seem at present to be absent. Only the more illustrative dreams can be given with the approximate interpretation. They tended to reiteration in pattern but lost their anxiety features and more primitive aggressive character as time advanced. The paranoidal coloring, homosexuality, power of magic, significance of smells and the *symbolic* import of stealing were all in evidence and some interpretation was possible.

Further his repressed homosexuality showed in his choice of drinking companions, his going to resorts of known homos, and to private theatres where typical skits were shown. He is evasive on the question of frequency of experiences (for money or pleasure) with men, and maintains his interest is largely an intellectual curiosity in *their* peculiar way of life.

Summary. If we may summarize at this point first, we have the following combination of symptoms in the case of a young criminal psychopath 22, of high intelligence, accused of stealing and placed on probation. He illustrates (with material partly volunteered or emerging in course of investigation) the combined syndrome of

(1) Pederosis or adequate satisfaction in seeing the genitalia of young girls (without further molesting).

(2) Exhibitionism and compelling need to expose and urinate before women.

(3) Voyeurism and repetition-compulsion for some years to overlook a particular adolescent girl in the neighborhood (with accompanying 'ceremonies').

(4) Fetichism and erotic stimulation from women's shoes (largely repressed).

(5) Stealing of money and repressed desire for coats and shoes.

(6) Obsessional tendencies (rituals) panics and claustrophobia since very early age.

(7) Work inertia and paralysis of effort.

(8) Homosexuality, largely repressed, with periodic bouts of drinking and of passive participation in homo practices.

(9) Depression and active thoughts of suicide (by gas).

(10) Anxiety symptoms (sweating, tachycardia, facial congestion).

(11) Character traits of a specific character (perfectionism, rigidity, conservatism, orderly conscientiousness, meticulous, suspicious etc.).

(12) Clinical compensatory mechanisms, (confessions, hand washing, speech slur, rage outbursts, nail-biting etc. and projection tendency, also a rich phantasy life).

Phantasy Life. Here follow some dream observations and brief comments by patient and the indications they provide analytically:

Dream Series I (early in treatment).

"... I am in a huge morass, a black oily viscous lake with horrible

animals underneath. We swim in it; later it is a black pond with an oily, gluey substance on top. I am stuck in a swamp with terrible creatures lurking underneath that others fear. I dive under and cannot find anything. There is nothing to combat. (later) There is one creature as big as a Dinosaur. I have a magic gun big enough to kill it. (later) The marsh or swamp has something in its water, a bird or rabbit with head sticking out. Somebody is trying to kill it with a stick. I object saying it is only a tame swan and it does not get hurt. (later) Wandering in strange fields with mud clinging to my feet like balls. . . . I bring up 800 golf balls. I dive in naked regardless of snakes.

Associative Comments: "At present there is only one reality for me: to keep my head above water, and suicide the only alternative in these murky depths that I cannot escape. I am confined. . . . Father is overbearing . . . I have always harboured a resent . . . I will become independent by selling balls . . ."

Interpretative Significance. He emphasises the depth and chronicity of anal fixations; revives old time terrors of the incorporated bad object which is hostile, gigantic but capable of control, and gradually losing its ambivalence of terror when patient sees what imago he is fighting against. Dawning discovery of his own defence weapons.

Dream II. "The main thoroughfare is tense with excitement. I am looking on. A person on very high stilts is coming. We watch him. He is in a very shaky position; he fell down and a huge truck ran over him or as if he got caught in the wheels.

"I look under the truck but cannot see him. We then look down the steep hill in case he had rolled down unobserved, but cannot find him and fear it was fatal.

(later) "I am with someone watching a Parade on the street consisting of some graceful, delicate horses with tall legs over 9 feet high. We look on . . . A young girl is riding one, and I am attracted to her clothes and underclothes . . . She was very tall and in a lofty position on high . . . My pal agrees with me, "they are very tall, so high in the air" . . .

Comments. "I have fallen and this is the toppling of my ideals and desires. I am insecure, socially precarious and not on solid earth. I won't live long. I want life if only I could escape my father. I remember his

return from the wars. He was usually unsteady in drink and cruel to my mother. I could do nothing . . .

"Parades always fascinate and farm horses interest me. I was forward in sex information. I ignore the earth for city life. To me young girls are unattainable and by enticing them I feel guilty, even to look at them. I guess my desires are on infant level. I can sometimes see the funny side of my intensive gazing at that girl at the window. I get up sometimes and go on long walks at night . . ."

Interpretation: The giant Father imago is mutilated (hoist with his own petard) destroyed by Time or lost under the embraces of the Mother (incorporated) and victim of the child's aggressive fancies, (mother identification and inverted role).

Basically all women are animal, high-stepping and of fine 'coats'. But all are exalted in his ideals and unattainable (till degraded). The Walkyr must come to earth. His own inter-sex position is stated.

Dream III. "I am hiding with a companion in a girl friend's house. Wishing to conceal ourselves we hide by crawling under the seat of a chair. He is so clumsy that he shook it in getting in and made a noise . . a feeling of strain and a fear that the enemy will find us, but we are reassured no one will do us harm as we are trusty people . . . I crawl under some boards and get stuck . . . a boy came up to help me pull these boards (keys) out and extricate me, but a big truck nearly ran over me."

Interpretation. Here he is participating with the father who is engaged in the sadistic assault on the cloacal mother, to the accompaniment of wind-reports and phallic vibrations that the infant-self somehow shared and gained excitation from, by keeping quiet (in the night). The detecting parent (foe, conscience or judge) evidently overlooks the guilty malefactor. (Castration threat).

Dream IV. "We are using machine guns against a large body of people with smaller weapons. I then go to the top of a hill alone, and feel somebody is coming after me. A white dog ran at me. I am gifted with a power to raise myself 12 feet in the air. It leaps and snaps at my heels but for some reason does not bite. . . (later) . . Self, stealing one from a bunch of new overcoats . . . Myself walking in new shoes I had stolen . . . stealing from a tailor . . I witness two boys steal something and flee . . the detective is after them so I try and help. I grab the one boy beside me but he slips so I force him to lie down beside me so as to

be inconspicuous, and acting on impulse I help him to escape in case the detective grabbed me."

Comments. "My feeling of shame when grandfather shot a house dog for stealing and buried it in the woods. I ran away. I play violent games alone."

Interpretation. The acme of orgasm (rise) is threatened by castration from Father, also homosexual trends and mutual play with, brother surrogate. Stealing is evidently masturbatoric. He is in possession of the father's organ and potent alike with all comers, (homo relations) and successful against all adults (enemies and the law).

Dream V. "With a friend I am outside the house of a girl (who previously exhibited herself). He goes in but I am barred. (later) She is inside with someone, the covers are drawn, I cannot go in.

(later) She is in the hospital, her friend is going to visit her. I have to go to buy her medicine at the pharmacist's . . I envy doctors.

(later) Psychiatrist's office and slutish person shows me in . . . Somebody is engaged with a girl of his own station in a sort of sexual exhibition (touching) before me . . . It disgusts. True, I might be addicted to such behavior, but she should not expose it so blatantly."

Comment. Father drinks. I no longer slept with mother on father's return. I envy boy rival's freedom with my ideal girl, for she once responded to me.

Interpretation. Hostile transference with reflection of primal scene; coitus theory. All women must be degraded (devalued seducer). He uses the doctor's own magic. (Sense of failure.)

Dream VI. "Somebody handed me a bunch of lilies. I put them to my face to smell and to enjoy their beauty. My face and nose is sunk in them. I feel it is something big and deadly yet fascinating and attracted by the smell I have a feeling of ecstasy.

(later) "I float or am half carried in aid . . . a woman says 'how beautiful are your feet in shoes.' I lay on the ground and crave her to press me down (masochistically) with hers."

Comment. "Here is something deadly as at a funeral, yet fascinat-

ing. In my thought I desire its poison. I wished for annihilation and suicide, some freedom from this anxiety and fear of insanity. On occasion I have indulged in cunnilingus with a boy (fellatio) . . . I always notice a girl's foot."

Interpretation. A deeper level (after 5 months) is struck with breast memories (phantasy?) of the mother: the orgasm produced at the breast or by nipple substitutes (clitoris and phallus). Note the association of submissive infant at the symbolic vagina, prototype of all *stolen* mysteries, and the premature excitation from pressures and probably self-constriction (flatus?).

(Later) "I ride with a girl in a car. There is some dent in the door which I start to repair (fake) with mud and smooth up the hole with my hands . . . A clock is in the background . . . An unknown person is there with a mask of hard, bold cynicism . . . a hostile type whom I watch, not knowing yet whether to admire or be in fear of him."

Discussion. Into the quasi delusional content his unconscious is elaborating, all the available material of his experience, which is then given symbolic meaning, is cast: The father's trade (time) and his own work at a shoe factory (shoes!); the head teacher's daughter, the country life (horses) and the city life, the maternal hostility and caress and the sister ambivalence, his stealing; the overcoat (hide); the golf-ball retrieval, also the current psychological situation. All these and more are 'incorporated' and given deep significance, so that it is now easier to see how the present symptomatology (of stealing, exposure, peeking, mudbaths, and father hate) can be understood and how this links up with the infantile situation; (enuresis, late establishment of lavatory habits, speech impediment, the tendency toward claustrophobic panic, and the anal character traits in general) as discussed in the final paragraph. He has become 'all forces' and in possessing his stolen 'object' he has incorporated the father. He was unable to introject and project completely while his present identification seeks to externalise and neutralise the permissive object love.

He is manifestly fighting a severe anal aggression directed against the father. There is a strong ambivalence operating toward women as punishing object, and a repressed (defensive) homosexuality, along with compensatory drinking and 'jaunts', reality testing. Sweating is a paranoid feature. The responsiveness to treatment is perhaps shown by an apparent ability now to give up the specific heroine (love at a distance),

and to be socially interested in an 'eligible' housekeeper of 35; a returning sense of humor, a greater self-confidence, a clearer enunciation, smarter personal appearance, a great sense of gratitude replacing earlier hostilities, and ability to ventilate, even act-out, his irritations at home; though many compulsive features are still in evidence.

He has only slight insight and this still on an intellectual plane and the aim of therapy in such a case is to encourage dramatisation and the living out on a feeling plane not through the vindictive affronts on society but in the miniature hostilities, loves, revenges, etc., of the individual drama at session. The case is of interest for the following reasons:

SUMMARY

This case offers us some motive for stealing in connection with other compulsive acts, for repetitive negative feelings and iteration of thought in an obsessional personality, probably with paranoid undercurrent. Only the more socially arresting symptoms get him into the hands of the authorities.

Much of his volunteered material cannot be verified, but his process of retrograde systematisation of events, dramatic in themselves, has more a paranoid than hysterical character. It is evident that every detail in his physical and mental environment was utilised or capable of being interpreted as of some symbolic import. Of guiding influence in his obsessional neurosis, (if not contributing a background to an already incubating paranoid system), is a product of an anal sadistic character that at length emerges under unfavorable conditions. Note:

(1) The father is a watchmaker and there is evidence of the great significance Time relationships have for this obsessional.

(2) The grandfather had a farm where patient stayed on vacation. The shooting of the sheep-dog was interpreted at the time as castration threat to self for incest desires and guilt in the mother-relationship. The father was away at war (reaction).

(3) School life and his resolve (age 6) toward essential isolation from other children as a group inimical to him (mother rejection), though he compensated in acts of athletic prowess, (father approval).

(4) The daughter of the school principal is (via friend or in phantasy) singled out as audience for his exhibitions with endless and persistent return to the place where she first exposed herself to him. (This is the sister substitute and ultimately the seductive mother).

(5) The shoe factory where he worked (and stole) has a reality meaning only from the symbolic import attaching to girls shoes and oppressive objects.

(6) The stealing from a not unfriendly boss is directed toward a father-displaced figure, and serves the end of an escape from home, to which necessity drives him back; its motive is the retrieval and possession of the reincorporated object.

(7) Work inertia and fear of closed spaces connect with unconscious fears emanating from adult woman's vagina, (dentata); only children are harmless and can be objects of visual gratifications.

(8) Golf ball retrieving, diving in bathing suit and sharing with other boys the prizes of the mud-bath is here economically satisfying many instinctual (aggressive, narcissistic, etc.) drives in the case.

(9) Late establishment of toilet habits, obstinacy, display of tantrums, enuresis, late capacity for speech (and the malapropisms now); also the fear of noise (sex aggression), the sweatings and the whole range of character traits link with an unsolved anal aggressive fixation.

(10) Drinking, drug addiction (marihuana), male companionships, immaturity of sex responses, homosexual adventures, are in part compensatory for anxiety in regard to impaired potency, and an attempt at male aggression in an ambivalent, essentially passive, type.

Diagnosis. A repetition compulsion mechanism in an anal erotic of obsessional character with paranoid undercurrents. He stands to improve (as is manifest) by review of his problem and by work adjustment, though the ultimate prognosis may not be very promising.

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THE CRIMINALITY OF OLD AGE

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Old criminals offer an ugly picture and it seems as if even scientists do not like to look at it for any considerable amount of time.

While large numbers of criminologists have studied juvenile delinquency hardly any have paid more than scant attention to the criminality of the aged. Only psychiatrists have shown more interest in this problem. Toward the end of the last and the beginning of this century some forensic psychiatrists published a number of articles on this topic,⁽¹⁾ and on the initiative of one of them, Dr. A. Leppmann, the criminality of the aged was discussed at the 1899 convention of the "Internationale Kriminalistische Vereinigung" in Budepest. However, the recommendations which were adopted at this convention have not been followed up.^{(2) (3)} Criminologists have touched the problem of old age criminality only occasionally, and if so, very briefly.

The difference in scientific appeal between the criminality of youth and the criminality of old age is the more interesting since the relationship between age and crime is recognized for all age groups and not confined to youth alone⁽⁴⁾. Thus, scientific logic would seem to require more research in the criminality of old age than has actually been done.

(1) The following three articles mark the beginning, middle, and end of the period of interest:

Johannes Bresler, "Greisenalter und Kriminalitaet," *Juristisch-Psychiatrische Grenzfragen*, Vol. V, Heft 2/3 (1907) pp. 3-58.

Piesczek, (no first name indicated), "Die gerichtsaeztliche Bedeutung der senilen psychischen Erkrankungen," *Allgemeine Zeitschrift fuer Psychiatrie und Psychisch Gerichtliche Medizin*, Vol. 73 (1917), pp. 393-427.

H. Zingerle, "Ueber das Greisenalter in forensischer Bedeutung," *Archiv fuer Kriminal-Anthropologie und Kriminalistik*, Vol. 40 (1910) pp 1-54.

(2) *Mitteilungen der Internationalen Kriminalistischen Vereinigung*, Berlin.

I. Guttentag Vol. 8 (1900)

a. A. Nicoladoni "Einfluss des Greisenalters auf die Kriminalitaet" pp 154-162.

b. Feisenberger (no first name indicated), "Einfluss des Greisenalters auf die Kriminalitaet" pp. 190-194.

c. Debate pp. 366-407.

(3) A. LEPPMAN, "Greisenalter und Kriminalitaet," *Zeitschrift fuer Psychotherapie und Medizinische Psychologie*, Vol. 1, (1909), pp. 212-221.

(4) J. L. GILLIN, *Criminology and Penology*, The Century Co., New York and London, 1929, p. 50.

E. DE GREFF, "L'introduction a la Criminologie," *L'Ecou, Penitentair Tijdschrift*, 1937, p. 355.

G. V. MAYR, *Statistik und Gesellschaftslehre*. Vol. 3, Moralstatistik mit Einschluss der Kriminalstatistik, Tuebingen 1917, p. 40.

The sad aspect of the old criminal has certainly had something to do with this neglect. Quetelet thought that he could dispose of this problem by pointing with disgust at the moral depravity of old offenders.⁽¹⁾ Somewhat along his line, we find that Bresler tries to justify his study with the purpose of saving the respectability of old age by explaining its criminality as mental sickness.⁽²⁾ In general, however, the ugliness of a phenomenon does not deter scientific research, and, as a matter of fact, statistics furnish a more plausible explanation. They show that crime decreases with advancing years and that no pressure of great numbers urges more thorough investigation. On the other hand, if the thesis of the interrelationship between age and crime is to hold, an investigation of all its implications has to yield results, and with the tendency of our population to increase in the higher age brackets, a special study of the criminality of the aged seems to meet a scientific as well as a practical need.

Old age is too often described in terms of negation. We talk of physiological and psychological regression,⁽³⁾ of involution,⁽⁴⁾ of diminishing values and abilities,⁽⁵⁾ and—with popular expression—second childhood.⁽⁶⁾ The whole terminology is somewhat emotional and misleading. Since we do not like the picture we seek excuses and are apt to look upon old age as an essentially pathological stage of life.

It is certainly true that physical capacity decreases with advancing years. It is true that the working of the mind weakens with the approach of the end of our life span, especially in times of such rapid change as the present. However, old age, like every other age, has a psychology of its own which, for this stage of development, is normal.⁽⁷⁾ It is inaccurate to define old age, per se, as a stage of pathological changes. Thus, we must distinguish between the normal characteristics of old age and those traits which are truly pathological.

(1) V. MAYR, l. c. p. 797.

(2) BRESLER, l. c. p. 3.

(3) E. WULFFEN, *Psychologie des Verbrechers*, Gross-Lichterfelde—Ort, no year indicated, Dr. P. Lagenscheidt, Vol. II p. 280.

E. KRAEPELIN, *Psychiatrie*, Leipzig, 1899, Vol. II p. 317 ff, and others.

(4) H. ZINGERELE, l. c., pp. 3, 5 and others.

A. W. WHITE, *Outlines of Psychiatry*, New York, 1913, The Journal of Nervous and Mental Diseases Publishing Company, p. 179.

PIESZCZEK, l. c., p. 427.

(5) P. SCHILDER, "Psychiatric aspects of old age and aging," *The American Journal of Orthopsychiatry*, Vol. X, (1940), p. 62.

(6) J. M. HENNINGER, "The Senile Offender," *Mental Hygiene*, Vol. XXIII, (1939), pp. 436-444, and others.

(7) D. DELL'AMORE, "Della delinquencia senile," *Rivista sperimentale di Freniatria e Medicina Legale Delle Alienazioni Mentali*, Vol. XV (1937), pp. 137-176, p. 174.

The physiological traits of normal senescence are well known and do not need any elaborating. The psychological characteristics of old age are less known and certainly less agreed upon. It may be helpful, therefore, to list them here briefly. The desirable traits usually include experience, wisdom, ability to keep perspective, power of organization and conservation, serenity, unselfishness, tolerance, and dignity; the undesirable ones are slowness, incompetence, dissatisfaction, lack of humor, dependence, conceit, reminiscence, over-criticism, suspicion, depression, antiquated ideas, and slovenliness in dress and posture.⁽¹⁾

From the psychiatrist's point of view, the psychological picture of old age shows a more uniform grey. Slower reactions, slower differentiation and selection, stubbornness, fatigability, deterioration of memory, dullness as to higher feelings, weakening of phantasy, narrowing of emotions, and egotism is the description of still normal features as given by most authors.⁽²⁾

It is from such normal old age characteristics that we get our first clue to an understanding of the criminality of the aged.

The psychopathology of old age offers another key to the understanding of our problem. Three types of mental conditions are emphasized in forensic literature: arteriosclerosis, senile dementia, and senile deterioration without traceable organic cause. The symptoms of these types of mental defectiveness are about the same traits which we have in the normal pattern of old age, but excessively developed or unchecked by inhibitions as formerly.

The physiological appearance of arteriosclerosis and of senile dementia is very much the same; headaches, dizzy spells, ear humming, slowness of speech, and pronounced disturbances of language or of consciousness, accompanied by physical deterioration of the body. Especially common in arteriosclerosis are the well known designs of rigid ar-

(1) G. S. HALL, *Senescence*, New York and London, 1922, D. Appleton and Company, pp. XXVIII, 518, p. 419ff.

L. J. MARTIN AND C. DE GRUCHY, *Salvaging Old Age*, New York, 1930, the Mac-Millan Company, pp. 175, p. 88 ff.

(2) O. LEERS, "Forensische Bedeutung der senilen Involution," *Archives Internationales de Médecine Legale*, Vol. II, (1911), pp. 145-185, p. 155.

A. HOCHÉ, *Handbuch der gerichtlichen Psychiatrie*, Berlin, 1901, p. 619.

teries on the temples, and in senile dementia sleeplessness during the night and somnolence in day time.⁽¹⁾

The mental symptoms of arteriosclerosis are disturbance of memory especially for recent events and for numbers, difficulty in withstanding the strain of sustaining effort, irritability and easy weeping, abrupt changes in mood and general character changes. All these symptoms may appear either gradually or suddenly, periodically or permanently.⁽²⁾

The fundamental symptoms of senile dementia, according to most of the authors, are: egocentric narrowing, ethical weakening, a loss of feeling for decency sometimes leading to shameless exhibitionism, strong inclination toward alcohol, excessive revival of the sex urge with deviations as to objects, gradual decrease in intelligence, strong weakening of memory and perception, morbid irritability, suspicion and mistrust, ideas of persecution and melancholy with suicidal tendencies.⁽³⁾

Since so many of these pathological symptoms of arteriosclerosis and of senile dementia differ only in degree from traits which we consider as normal in old age, it is always important to consider the whole life history of the individual. Only such an approach will enable us to recognize the two best indicators of mental sickness in old age, namely either excessive growth of a trait which always has been part of an individual's personality pattern, or a strong contrast between his newly developed traits and his former ones.⁽⁴⁾

Very important for both arteriosclerosis and senile dementia is the fact that recognition of being mentally sick is often long-sustained in the patients.⁽⁵⁾

The third group, senile deterioration without traceable organic cause, is mostly characterized by loss of inhibitions, remaining intact of intelligence, and the highly selective character of the deterioration.

(1) ALBRECHT (no first name indicated), referring to Alzheimer's, Binswanger's, Siemerling's and Kraepelin's descriptions, "Ein forensischer Fall von arteriosklerotischer Geistesstörung," *Zeitschrift fuer Medizinische Beamte*, Vol. XVII (1904) pp 683-687, p. 686.

A. CRAMER, "Die nervösen und psychischen Störungen bei Arteriosklerose," *Deutsche Medizinische Wochenschrift*, Vol. XXV (1909) pp. 1595-1600, p. 1595.

P. DUBUISSON AND A. VIGOUREUX, *Responsabilité Pénale et Folie*, Paris, 1911, p. 175.

A. H. MASLOW AND B. MITTELMANN, *Principles of Abnormal Psychology*, Harper Bros., New York and London, 1941, pp. 497 and 498.

(2) F. LEPPMAN, "Forensische Psychiatrie," *Handwoerterbuch der Kriminologie*, Vol. I. p. 467 and many others.

(3) BRESLER, l. c., p. 42.

K. BOAS, "Forensisch-psychiatrische Kasuistik II," *Archiv fuer Kriminal-Anthropologie*, Vol. XXXVII (1910), p. 29.

K. BIRNBAUM, *Kriminalpsychopathologie*, Berlin 1921, Julius Springer, pp 62-63.

A. J. ROSANOFF, *Manual of Psychiatry*, New York 1927, John Wiley & Sons, Inc. p. 326.

(4) BRESLER, l. c. p. 25 quoting J. L. A. Koch.

(5) ALBRECHT, l. c. p. 686.

This special feature makes diagnosis much harder than in the more comprehensive patterns of arteriosclerosis and senile dementia. It is this condition which leads to the most unexpected sex assaults by old men on children, indomitable eroticism in women after the menopause, etc.⁽¹⁾

There is unanimous agreement that the *incidence of crime* is decreasing in the higher age brackets. Notwithstanding the differences of criminal law, of statistical practice, of social and climatic conditions, etc., the fact of general decrease of criminality with advancing years can be proved for a great number of countries.

For the *United States*, this fact is reported by various authors,⁽²⁾ and data in Thorsten Sellin's recent study on the criminality of Youth show it very clearly. There we find the following interesting figures:

Prisoners Received in 1933 by State and Federal Prisons and Reformatories from Courts, by Age and Sex, Rates per 100,000 of Population of Same Age and Sex. ⁽³⁾

AGE	TABLE I		Rate per 100,000
	MALE		FEMALE
15-17	70.6		4.7
18	267.3		12.7
19	332.9		17.0
20	338.0		14.7
21-24	323.1		13.4
25-29	255.8		11.0
30-34	187.0		8.5
35-39	122.9		6.1
40-44	92.2		4.8
45-49	67.6		3.5
50-54	53.5		2.0
55-59	39.4		1.0
60-64	27.9		0.7
65-	12.6		0.3
all Ages above	144.0		6.7

(1) E. GELMA, "Eroticism sénile chez la femme," *Encéphale*, Vol. XXX (1935) pp. 737-752.

"La délinquance sexuelle primaire et tardive des hommes âgés non déments," *Annales de médecine légale*, Vol. XVII (1937), pp. 926-931.

P. SCHILDER, *l. c.*, p. 62.

(2) H. BEST, *Crime and the Criminal Law in the United States*, New York, 1930, The MacMillan Company, pp. 162 and 163.

E. H. SUTHERLAND, *Principles of Criminology*, Chicago and Philadelphia, 1934, J. B. Lippencott Co., pp. 88.

(3) THORSTON SELLIN, "The Criminality of Youth," Philadelphia, 1940, The American Law Institute, pp. 116, p. 45.

For the population of local jails the following table of Sellin's study shows the same tendency of decline of the crime rate,

Prisoners Received from Courts During the First Six Months of 1933 by Local Jails etc., by Age and Sex: Ratios per 100,000 Population 15 Years Old and Over and of the Same Age and Sex.⁽¹⁾

TABLE II Ratios per 100,000

AGE	MALE	FEMALE
Under 18	101.0	8.9
18	448.5	36.5
19	602.6	55.0
20	617.5	54.0
21-24	734.1	73.8
25-29	706.1	63.9
30-34	660.3	51.3
35-39	569.8	40.3
40-44	526.1	28.2
45-49	453.2	21.4
50-54	376.6	14.5
55-59	281.2	9.4
60-64	220.5	4.3
65-	96.7	1.6
<hr/>		
All Ages	511.7	38.3

For *European countries* such as England and Wales, France and Germany, the data from E. Hacker's tabulation of comparative age-offense ratios give the same picture of decrease, although it must be kept in mind that the basis of the ratios is different for the various countries.⁽²⁾ An abstract of some of these data is represented in the following table.

The Age of Convicted Offenders: The Average Annual Number of Convicted Persons per 100,000 Persons of Each Age Group in England and Wales, France, and Germany.

TABLE III. Age Groups

Country	Years	13	14	15	16	17	18	19	20	21-24	25-29	30-39	40-49	50-59	60 +
ENGLAND and WALES	1929-1931						3277			2322		167.1	106.2	58.8	30.4
FRANCE	1926-1929						44				82	54	37	23	0.8
GERMANY	1929-1931		337.2	721.9	1686.6				1972.6		1413.6	1051.6	675.5	404.5	

(1) TH. SELLIN, l. c., p. 46.

(2) TH. SELLIN, l. c., p. 65.

For *Italy*, we have similar statements in Dell'Armore's article on senile delinquency, supported by an abstract from *Statistico Italiano*.⁽¹⁾

The list of evidence could easily be prolonged.

The amount of decrease in old age criminality, however, differs for the various types of crime. According to one statistical observation, the incidence of grand larceny which had its peak between 18 and 21 years sank back to the 150th part after the 70th year while sex offenses decreased only to one fourth in relation to the same number of responsible person of the same age.⁽²⁾ Many similar observations have been made in the United States and in Europe, and the particularly high number of sex offenders among older criminals is a point of agreement among all students of the problem.⁽³⁾ Although eroticism on the level of senescence occurs in women as well as in men, sex offenses seem more or less confined to men, at least as far as discovery and court action goes.⁽⁴⁾

Many attempts have been made to list the other types of crime in the order of magnitude of their occurrence for the various age groups. Here, however, the differences in criminal law, statistical approach, cultural factors, and probably also in exactness and comprehensiveness of observation make it almost impossible to draw a picture of general validity for the various countries of observation, on the basis of the material at hand.

For the United States, the difference between the highest incidence of various crimes and their incidence in the age group above fifty years is shown in the following table:

(1) DELL' AMORE, l. c., p. 144.

(2) G. ASCHAFFENBURG, *Crime and Its Repression*, Boston, 1913, Little, Brown, and Company, p. 154.

(3) BRESLER, l. c., pp. 6 and 45, etc.
BIRNBAUM, l. c., p. 62.
W. HEALY, *The Individual Delinquent*, Boston, 1916, Little Brown, and Comp., p. 210.

L. L. STANLEY, *Men at Their Worst*, New York and London, 1940, D. Appleton Century Company, p. 216.

(4) PIESZCZEK, l. c., p. 408.
HEALY, l. c., p. 210.

Highest incidence and "Fifty Plus" incidence for various crimes in Arrest Ratios of Males in the United States, 1935-1937, per 100,000 Males of corresponding Age Groups in the General Population, 1930⁽¹⁾

TABLE IV

CRIME	AGE BRACKETS OF		ARREST RATIOS OF	
	HIGH. INCID.	HIGH. INCID.	INCID. OF 50-	
Criminal Homicide	25-29	74.3	15.9	
Robbery	20-24	238.1	4.8	
Assault	25-29	309.9	64.2	
Burglary, Breaking, and Entry	16-20	593.6	21.3	
Larceny-Theft	16-20	709.0	79.0	
Auto-theft	16-20	282.2	2.3	
Embezzlement and Fraud	25-29	138.3	36.0	
Stolen Property; Receiving, etc.	20-24	34.7	8.7	
Forgery and Counterfeiting	20-24	68.0	11.6	
Rape	20-24	86.2	10.5	
Prostitution, Commercialized Vice	25-29	19.4	3.3	
Other Sex Offenses	20-24	58.0	26.2	
Narcotic Drug Laws	30-34	36.4	9.8	
Weapons: Carrying, Possessing, etc.	20-24	72.4	11.5	

On the basis of these data, a computation of the decrease quotients of incidence for the various crimes and an arrangement of the results in order of magnitude gives the following picture (see Table V).

From these decrease quotients we get a clear picture of the relative importance of various crimes at the level of old age. Our data show again the leading position of sex offenses; then come violations of the narcotic and drug laws, embezzlement, fraud and receiving of stolen goods among the violations of property rights while burglary, breaking, entry, robbery, and especially auto theft are to be found on the other end of the list. Criminal homicide ranks comparatively high. From these data, it would seem that crimes which require experience are much more frequent in old age than those asking for physical violence or a quick decision. This list can be supplemented by vagrancy and disorderly conduct which have also high incidence for the 50+ group in the United States.⁽²⁾

⁽¹⁾ Based on Table XX in Sellin's "The Criminality of Youth," p. 53.

⁽²⁾ *BEST*, I, c., p. 186.

TABLE V
*Quotients of Decrease between Highest Crime incidence and incidence
 in the Fifty plus group.*

CRIME	QUOTIENT
Sex Offenses (Other than rape, prostitution and commercial vice)	2.21
Narcotic Drug Laws	3.71
Embezzlement and Fraud	3.84
Stolen Property; Receiving, etc.	3.98
Criminal Homicide	4.67
Assault	4.83
Forgery and Counterfeiting	5.86
Prostitution and comm. vice	5.88
Weapons: Carrying, Possessing, etc.	6.59
Rape	8.21
Larceny, Theft	8.98
Burglary, Breaking, Entry	27.87
Robbery	49.60
Auto theft	122.60

Similar observations—with modifications due to the difference in place and time of observation—are reported by the German authors. Next to sex offenses, acts of negligence and among them especially incendiarism by unwilful action are reported as relatively frequent,⁽¹⁾ and so are verbal injury,⁽²⁾ and vagrancy.⁽³⁾ Also in Germany, we find the same contrast between generally strong decrease of crimes that require violence and comparatively high incidence of homicide.⁽⁴⁾

For Italy, fraud, embezzlement, and verbal injury are reported the most frequent crimes besides sex offenses.⁽⁵⁾

Very important for the question whether we can assume a specific criminality of old age is the incidence of first offenders. Here again it is the group of sex offenders which shows itself as characteristic of the criminality of the aged. Among 303 men of seventy years and over who were convicted of sex crime in Germany between 1897 and 1899, 216 had previously led blameless lives.⁽⁷⁾ The same increase of first offend-

(1) BRESLER, l. c., p. 45.

(2) ASCHAFFENBURG, l. c., p. 157.

(3) *Der nichtsesshafte Mensch*, Ein Beitrag zur Neugestaltung der Raum und Menschenordnung im Grossdeutschen Reich, in Zusammenarbeit mit dem Bayrischen Staatsministerium des Innern herausgegeben vom Bayrischen Landesverband fuer Wanderdienst, Muenchen 1938, C. H. Beck, p. 165.

(4) BRESLER, l. c., p. 45.

(5) DELL'AMORE, l. c., 174.

(6) ASCHAFFENBURG, l. c., p. 155.

ers in the higher age brackets can be seen from the following table, giving German figures for 1929:

TABLE VI
Percentage of Males convicted in Germany in 1929 who were first offenders. ⁽¹⁾

AGE	PERCENTAGE OF FIRST OFFENDERS
-16	93.6%
16-17	86.1%
18-20	75.4%
21-24	61.9%
25-29	53.6%
30-39	56.3%
40-49	60.9%
50-59	66.0%
60-69	70.0%
70-	77.6%

A recent study of the prison population of the Illinois State Penitentiary showed that among the old offenders guilty of crimes such as homicide or sex offenses, there was a marked majority of first offenders while those convicted of fraud were for the great part those who had been criminals at an earlier stage.⁽²⁾ A very high incidence of first offenses also is reported for vagrancy in the age group of sixty-five and over.⁽³⁾ V. Mayr reports the findings of a statistical study of old age criminality in the Netherlands between 1902 and 1906 according to which the first offenders in the group of attacks on life and body were 92% of the total, those in the group of sex offenses 84%, and those among the offenders against property rights only 68%.⁽⁴⁾ In general, it can be said that the older the criminal the greater is the chance that he is a first offender.

As to the way in which old people commit crimes, general characteristics have been especially described for cases where mental conditions are the reason for the criminal act. The criminal behaviour of old delinquents is usually characterized by awkwardness, want of foresight for the consequences of their actions, absolute indifference after the offense, and—very significantly—the lacking of effacement of traces.⁽⁵⁾

⁽¹⁾ SELLIN, I. c., p. 108.

⁽²⁾ B. L. SCHROEDER, "Criminal Behavior in the later period of life," *American Journal of Psychiatry*, vol. 92 (1936) pp. 915-924, p. 924.

⁽³⁾ Der nichtsesshafte Mensch, I. c., p. 165.

⁽⁴⁾ V. MAYER, I. c., pp. 797 and 798, quoting de Roos, *De criminaliteit op leeftijd* van 70 jaar en hoger in No. 2 of *Bijdragen tot de criminele Aetiologie*.

⁽⁵⁾ BOAS, I. c., pp. 30, 37, 38.

Rather detailed descriptions are given for sex offenses due to the specific nature of these crimes in old age. The object of the sex assault is usually a child, mainly little girls but also little boys. The old man usually promises the child candy, a few pennies, or some other little favor or joins children at their play, especially in public gardens, pets them, grasps little girls under their skirts or boys at their genitals, sometimes makes exhibitionist gestures, has his own genitals touched by the children, and attempts substitute actions for the coitus.⁽¹⁾

Questioned about their motives, the old offenders often state that they did not know what they did, that they had been under the influence of alcohol or had been seduced by the little girls themselves.⁽²⁾ And one author states that in big cities there is a children's prostitution, aware of this weakness of old men.⁽³⁾

It is also interesting to note that the majority of senile sex offenders are not sex gourmands but people of poor means, simple farmers and workers, generally old men of immaculate past and good reputation. Very often they are men whose natural sex instinct has been silent for years, perhaps for decades. Their age lies between sixty and eighty years. Sometimes they are inmates of poor houses. All of them show symptoms of senescence, grey and few hairs, rigid arteries, bent carriage, loss of teeth, slowness of movement, etc.⁽⁴⁾

A specialty of old age homicide seems to be found in the victims of this offense; they are very often either the wife or another near relative of the murderer.⁽⁵⁾ As to motivation, the old age characteristics of suspicion and mistrust can be observed in many cases, also pathological fears and delusions. The suspicion shows often a sexual tinge, explaining the high number of wives, daughters, and daughters-in-law among the victims. One preceding symptom which has been observed comparatively often is that the offender locks himself with the victims in his home.⁽⁶⁾

The forensic literature contains quite a bit of widely scattered case

(1) PIESZCZEK, I. c., p. 407.

ZINGERELE, I. c., pp. 30 and 38.

(2) PIESZCZEK, I. c., p. 408.

(3) ZINGERELE, I. c., pp. 31 and 32.

(4) L. KIRN, "Ueber die klinisch-forensische Bedeutung des perversen Sexualtriebes," *Allgemeine Zeitschrift fuer Psychiatrie*, Vol. XXXIX (1883), pp. 217-239, p. 218.

Compare also the cases reported by Henninger I. c.

(5) BRESLER, I. c. p. 45.

ZINGERELE, I. c., p. 42.

(6) PIESZCZEK, I. c., p. 401.

material—mainly about sex offenses and homicides—which illustrates our findings. One of the oldest sources is Le Grand du Saulle's book "La Folie" from which already v. Krafft-Ebing drew the two following cases of sex offenses.⁽¹⁾

J. René, always given to indulgence in sensuality and sexual pleasures, but always with regard for decorum, had shown since his 76th year a progressive loss of intelligence and increasing perversion of his moral sense. Previously bright and outwardly moral, he began to waste his property in concourse with prostitutes, frequented brothels only, asked every woman on the street to marry him or allow coitus, and thus became publicly so obnoxious that it was necessary to place him in an asylum. There the sexual excitement increased to a veritable satyriasis until he died.

A man of 78½ years approached in a public garden in Paris a 13 year old boy who was observing lizzards and grasped the boy at his penis with the words "What a beautiful lizzard." The boy went away, but the old man followed him and repeated the attack. Since he was already under observation because of similar events, he was taken into custody, and, on examination, he was found to be a senile dement.

Rich case material—especially from Austria and Germany—can be found in the *Archiv fuer Kriminal Anthropologie* which was edited by the famous Austrian criminologist Hans Gross. There we find among others the following case report:

A man had a record of slight delinquency in youth but had later led a blameless life. He was married and had five children, two of them nuns. When he was 62 years old, a neighbor's child of 14 years elicited his desire. On one occasion, he grasped her under the skirts, touched her genitals, and gave her ten pennies. Later he had an intercourse with the girl in the dwelling of her parents when she was alone there and gave her twenty pennies. He admitted the act but pretended seduction by the girl to which he yielded in order to find out "whether she really was so bad." ⁽²⁾

The mere fact that this man had intercourse with the girl in the home of her parents shows either lack of planning and caution, typical for old age offenses, or is a certain indicator of prostitution with consent of the parents worth being noted.

(1) RICHARD V. KRAFFT-EBING, *Gerichtliche Psychopathologie*, Stuttgart 1875, p. 139 quoting Le Grand du Saulle, *La Folie*, p. 533.

(2) UNGEWITTER (no first name indicated), "Sexuelle Verfehlungen im Greisen alter," *Archiv fuer Kriminal Anthropologie*, Vol. XXXII (1909), pp. 346-347.

The typical procedure of aged sex offenders is also illustrated in the following case:

R., a grocer, 62 years of age, was charged for having grasped girls under their skirts and having touched their genitals, for having touched others on their breasts, and for having kissed them. He did this in his store when the children came to buy something. Occasionally he called them in the store when he saw them passing by. An examination showed arteriosclerosis.⁽¹⁾

Almost pathetic in its symptoms of senility and of poorhouse background is a case reported by Kirn.⁽²⁾

K. Sch., 81 years of age, a widower, formerly a shoemaker in a rural community and a poorhouse inmate at the time of the offense, had uncovered a little girl of five years, touched her genitals and had rubbed his penis on the bare body of the child. The man showed bodily symptoms of senescence, such as deafness, blindness in one eye, etc. Morally, he was absolutely dull.

The characteristic form of sex offense procedure is strikingly illustrated in another one of Kirn's cases:

F. E., a retired city official, 72 years old, with good family background and good reputation, had approached little girls in public gardens and had introduced his finger into their genitals. The children ranged from 6 to 9 years of age. He also induced the girls to touch his bare penis and used obscene language. At the police, he declared that he had only played with the children. He showed senile appearance, considerable weakness of memory, decreased intelligence, childish behavior, sentimental softness with ever-ready tears, attacks of anxiety with heart pressure, sleeplessness, and very little appetite.⁽³⁾

Kirn also reports a case where seduction by an immoral girl under 14 could be verified. The man was 69 years old, a widower, and retired peasant, who was charged for attempting coitus with the girl.⁽⁴⁾

The question of seduction and children's prostitution is also raised by American case material of quite recent date. Henninger gives two cases among his five where seduction has at least been pretended by the old sex offenders,⁽⁵⁾ and that such a defense could be well founded is shown by a case report included in the 1940 Report of the New York

(1) A. H. HUEBNER, *Lehrbuch fuer forensische Psychiatrie*, Bonn, 1914, pp. 838-840.

(2) KIRN, l. c., pp. 220.

(3) KIRN, l. c., pp. 220-221.

(4) KIRN, l. c., p. 221.

(5) HENNINGER, i. c., pp. 441 and 443.

Division of Parole. In this case it has been proved that a relationship between a 60 year old man and a 15 year old girl had existed for two years, that the man had given about \$700 to the girl during this time and that no charge had been brought against him by the family and the girl until he refused to give them further money.⁽¹⁾

Before closing this presentation of case material on sex offenses, it may be useful to add one case of exhibitionism as such.

A retired business man, 56 years old, was taken into custody because of having been sitting in a public garden, showing his penis, which incited the attention of playing children. He was unmarried and had no children. There was no record of sex offenses, but mental conditions had occurred twice in his family. He had always been hypochondriacal and a year before the offense had been in a mental hospital because of irritability, anxiety conditions, unfounded fear of becoming destitute, suicidal tendencies, restiveness, malnutrition, and sleeplessness. After release he had not gone to the room rented for him by his family but changed hotel every night "in order to save;" the objection that he thus spent double money, he could not answer. He did not recall his act of exhibitionism, but was fearful of becoming insane and had enough insight into his condition to apply for admission to a mental hospital a short time before the offense. As to his physical condition, he showed aging to an unusual degree for his years.⁽²⁾

These cases, as well as those of the Criminal Court in Allegheny County, Pa., recently reported by Henninger, show considerable similarity of symptoms, although from Le Grand du Saulle to the 1940 Parole Report of New York, they cover a period of about eighty years and are taken from such different countries as the United States, France, Germany and Austria. The French gentleman of the second empire and the steel mill worker of present day Pittsburgh, the retired city official and the poor-house inmate, all show the same characteristic sex urge directed against small children, all behave with the same awkwardness and neglect of caution. And all of them show mental deterioration and other symptoms usually connected with senescence. In their weakness, all of them follow about the same procedure of indecent assault.

Turning to *homicide*, the following French case has been reported in French as well as German literature:

(1) *Tenth Annual Report of the Division of Parole*, Legislative Document (1940) No. 10, State of New York, Albany 1940. p. 35.

(2) W. SEIFFER, "Ueber Exhibitionismus" *Archiv fuer Psychiatrie*, Vol. XXXI (1899), p. 405.

A man, 67 years of age, killed his own daughter. He was described as formerly quite normal, a good provider, and ethically above reproach. A few years before the offense, his whole behavior changed, he became licentious, a dandy without any feeling for decency. Although happily married, he had an extramarital relationship with a woman of 26 years, wrote her obscene letters, and kept another mistress. His libido was excessive; he had coitus with twenty women during the previous few years.

One day he caught his daughter with a secret lover and stabbed her with a knife, not, however, out of moral indignation, but because of jealousy. Then he shot at her lover, without killing him. He prayed at the dying daughter's side and said, admiring her beautiful breasts, "After all, she was a beautiful woman, a beautiful mistress."

He showed no signs of repentance and received coolly the verdict of life imprisonment.⁽¹⁾

The following case gives a clearer picture of old age homicide, because it is not tainted with sex deviation.

An old man in his late sixties, living on his income, who in his youth had been very nervous and had suffered from nightmares but who had behaved absolutely normally until a few days before the homicide, suddenly showed strange behavior. He expressed fear of being kidnapped, asked the ticket agent at the local railroad station to send him a company of soldiers from a nearby garrison for his protection, and made several similarly senseless utterances. One morning he impressed his sister-in-law and some neighbors as being particularly restive and excited. A doctor was called, recognized a mental condition, but very unfortunately did not order immediate custody. The old man complained about the obtrusiveness of his neighbors and declared that he wanted to be left alone with his wife. To the people who happened to be in the house, he said: "If you have something to do here, do it now because up from now nobody gets in any more." Finally, he locked himself and his wife in the house, and the neighbors heard repeated discussions between him and his wife who asked him to let her relatives into the house. For a time there was peace, but after some hours the neighbors heard shouting, broke the entrance door, and went into the house. They saw the man running up the stairs to the attic. In the living room they found a few blood spots. The pants, collar, and nightgown of the man, soiled with blood, were on the threshold to the living room. In the kitchen was a puddle of blood and a few blood-stained rags on the floor. On the

(1) Boas, J. C., p. 2, quoting Despine, *Psychologie Nouvelle*.

kitchen table was a jug full of blood; the veil of the woman was on a chair next to the kitchen table. The body of the woman was found in the cellar. The man in the attic was holding a knife to his throat when he was found. Being taken away, he tried to take a razor along. Questioned, he said: "But I had to do it, they knocked already on the door. But two men wanted something from her, I simply had to do it." And again: "I have cut her throat, I had to do it, they came from the front and from the back door. But they wanted to take her away. I had to do it, really."

Discounting all other symptoms, the method of carrying out the homicide alone shows the mental sickness of the offender. He could not have proceeded more awkwardly than he did. At first, he invited attention before he committed the murder, and afterwards he did not even try to efface the traces. Very significant also are the delusions and fears of his wife's being taken away from him.⁽¹⁾

Somewhat similar hallucinations of anxiety resulting in homicide, are found in a case where the daughter-in-law was the victim.

A 66 year old man killed his daughter-in-law. Some months before the homicide he showed abnormal anxiety, confusion, and changes of mood. Once he said without cause: "Here all are going to be killed and burnt." He fell out with his family, with whom he had formerly lived in peace. Without any immediately preceding conflict, he attacked his daughter-in-law with a pick axe and killed her. Afterwards, he uttered: "Now, the all of us are going to be killed." At first, in prison, he showed confusion and great anxiety, but after a month he recovered clearness of mind, showed repentance, and asked about his daughter-in-law. He recalled his own great anxiety and that everything around him had been burning. A particular reason for the homicide he could not give. He meant that he was going to be killed and had to kill his daughter-in-law first.⁽²⁾

Again and again it is the wife which we find to be the victim of homicide in old age. Pieszczyk quotes such cases from Buch, Journiac, Kirn, and Moeller, and the series could be prolonged by quotations from Zingerle.

Cases of *arson* are mainly reported by Zingerle who paid much attention to the motivation of this crime. In three of his cases the motivation showed that they were in reality cases of fraud in order to get fire insurance; the other five reported cases were motivated by irritation,

(1) BOAS, I. c., pp. 38-48.

(2) BOAS, I. c., p. 38 quoting Zingerle.

anger and revenge. Most of the offenders showed bodily and mental deterioration, especially morbid irritability. ⁽¹⁾ Unfortunately cases due to negligence are not described.

A case of fraud, reported by Albrecht in 1904, shows a good picture of the forensic significance of arteriosclerosis for delinquency due to negligence.

M., a tax collector, 43 years of age, was indicted for fraud and keeping of false control lists. There were 1700 Marks missing. M. gave various reasons for the deficit, all of which could be proved to be wrong. He pretended to have handed over sums which he had not yet collected. He also accused his wife of having torn money to pieces. Actually he had entered into the control lists as paid, sums that were not yet collected, and this explained part of the deficit. Money was also found in his drawer and clothing as well as hidden in a doll carriage. On medical examination, a diagnosis of presenile arteriosclerosis was made, and we have quite a number of the symptoms mentioned in literature, such as memory deterioration, confusion in the handling of figures, misplacement of things, etc. ⁽²⁾

General description, case material, and statistics have furnished us with the following facts about the criminality of the aged:

- (1) General decline of the crime rate with advancing years.
- (2) High incidence of first offenders.
- (3) Relative frequency of certain types of crime.
- (4) Characteristic traits of criminal behavior and specific groups of victims.

These facts lead to the conclusion that criminality of the aged has a pattern of its own.

Comparatively much attention has been paid to the problem of causation wherever old age criminality is discussed.

One of the rather obvious reasons for the general decrease of the crime rate in old age is the fact that criminals lead a very hazardous life under physically submarginal conditions, and, therefore, do not grow old. ⁽³⁾

Another point that should be brought out in this connection but has not been mentioned yet as far as I can see, is the influence of successful

(1) ZINGERLE, I. c., pp 40 and 41.

(2) ALBRECHT, I. c., p. 684.

(3) F. TANNENBAUM, *Crime and the Community*, New York, 1938, Ginn and Company, p. 120.

BEST, I. c., p. 180.

treatment of offenders. That this is a causative factor contributing to the decrease of crime with advancing years as more and more offenders come into contact with our devices of correction, cannot well be denied.

It has been pointed out that the weakening body as such becomes less and less fit for crime,⁽¹⁾ or in other words, that with advancing years one becomes too weak to lead a criminal life. The strong decrease of crimes of violence seems to warrant the correctness of this opinion. It can safely be assumed that a young fellow will be more ready to commit burglary or auto theft than an old man, and that the old man will probably be apt to use his experience to attempt fraud and embezzlement.⁽²⁾

There is no doubt that the physiological changes in old age have a great deal to do with the criminality of the aged. Changes in the blood vessels and brain cells as well as senile effects upon the sex glands certainly play a role in the causation of many crimes of aged offenders.⁽³⁾

Psychiatrists have voiced the opinion that most offenses of old people are expressions of beginning senile dementia although the development of a mental condition may not yet be obvious.⁽⁴⁾

It is this type of borderline case which presents the most difficult task but also the most important challenge to the courts and clinics.⁽⁵⁾

In their early stages, arteriosclerosis and senile dementia as well as the other forms of mental conditions in senescence may lead the aged to crime. The ill-humored, suspicious, and irritable old man may become an insulter, injurer, breaker of domestic peace, and even a murderer. The man whose working capacity and memory are already impaired due to the development of these mental conditions may become an offender by negligence, the ethically dull an embezzler or receiver of stolen goods.

Regarding the frequency of the various types of crime, the dominance of sex offenses has been the focus of attention.

(1) ASCHAFFENBURG, l. c., p. 154.

F. EXNER, *Kriminalbiologie*, Hamburg, 1939, Hanseatische Verlagsanstalt, p. 211.

(2) ASCHAFFENBURG, l. c., p. 157.

(3) HEALY, l. c., pp. 210-212.

STANLEY, l. c., p. 126.

ZINGERLE, l. c., p. 36, quoting Brunton.

(4) for all types of offenses: A. LEPPMANN, l. c., p. 217.

for sex offenses: Gelma, *Eroticism sénile chez la femme*, pp. 741-741, Aschaffenburg, l. c., p. 154 and many others.

(5) BRESLER, l. c., p. 27.

PIESZCZEK, l. c., p. 398.

ZINGERLE, l. c., p. 1.

LEERS, l. c., p. 51.

The probability of irritation of the sex glands in advanced years has already been mentioned. However, here the psychiatric approach has been voiced more strongly and all shades of psychiatric explanations have been given, the general idea always being that sex offenses in old age are symptoms of insanity. We find two main groups of opinion among the investigators of the problem. One group holds that the high incidence of sex offenses in old age is caused by a physiologically persistent libido while ethics are distinctly weakened.⁽¹⁾ The other group believes more in an increase or in a revival of the sex life in senile offenders.⁽²⁾ Only very recently, a new aspect of this problem has been pointed out, the strength of sex repression on the level of senescence. It is considered as the extreme of indecency that an old person should still have sex needs,⁽³⁾ and nothing seems to shatter our respect for aged persons more than to find in them a sex drive without the justification of procreation. This complete social repression may also be responsible for a part of the sex offenses in old age.

The predilection of old sex offenders for children has also found a good number of explanations. It has been considered as a mere matter of expediency because children are less able to defend themselves, are easier to bribe, more accessible to threat, and less likely to "tell on" the offender.⁽⁴⁾ We have also the report of an observation that old men who still have the capacity of normal intercourse hardly ever commit sex offenses against children while an impotent old man has the psychological urge to sex play with children.⁽⁵⁾

The majority of opinion considers this predilection as a sexual perversion, symptomatic for pathological conditions, especially for senile dementia.⁽⁶⁾ Much psychoanalytic thinking has gone into various efforts to explain this special feature of old age criminality. In the course of regression, the old man with revived sex urge is said to be incapable of forming new concepts of love and desire. He thus returns to the concepts of his childhood. The love objects which perhaps caused his first

(1) GELMA, *Eroticism sénile chez la femme*, p. 747.

(2) BRESLER, I. c., p. 48 quoting Kirn.

ACKERMANN "Dementia senilis (Geistesstörungen des Greisenalters) mit Berücksichtigung ihrer forensischen Bedeutung," *Archiv fuer Kriminal Anthropologie*, Vol. 45 (1912) pp. 334-354.

(3) G. LAWTON, Mental hygiene at Senescence, *Mental Hygiene*, Vol. XXIII (1939) pp. 257-267, p. 263.

GELMA, *Eroticism Sénile chez la femme*, p. 737.

(4) HENNINGER, I. c., p. 438.

(5) EXNER, I. c., p. 212.

WULFFEN, I. c., Vol. II, p. 281.

(6) M. PLOSCOWE, *Crime and Criminality*, New York, 1939, P. F. Collier & Son, p. 7.

unconscious sex feeling come into the foreground of his consciousness and reexcite his desire⁽¹⁾ However, if this regression really takes place, we should expect a revival of the Oedipus situation,⁽²⁾ and this would not furnish an explanation of our problem.

In my opinion the following points merit consideration. The general repression of sex in old age throws the old person in a deep mental conflict. Since recognition of sickness is so often preserved, even the arteriosclerotic and the senile dement may still be aware of the social ugliness of his desire and will be ashamed. The hope that the partner may not understand this aspect of his desire may lead him in many cases to children because only there has he a chance to avoid the contempt which he will otherwise find even in any prostitute. This lack of understanding may also hold out for him some hope of avoiding discovery.⁽³⁾ And still another reason! In our pattern of sexual intercourse, the man is supposed to dominate; aware of his weakness, the old man has considerably more chance to preserve this traditional situation in sex play with children than in normal intercourse with adults.

It has been observed that although women are as much subject to revival of the sex instinct in old age as men, they hardly ever come into conflict with the law for sex offenses. This can be explained—first of all—with the simple fact that women as such participate to a much lesser degree in crime than men. Furthermore, the typical procedure of aged sex offenders gives to women considerable chance of socially accepted outlets. Bodily hygiene of children, as we see it entrusted to women every day and everywhere, allows for many of the satisfactions which we do not permit men. Uncovering, touching, kissing of children by women and especially by old women will hardly elicit any attention as long as the sexual tinge does not become excessive.

The concentration on wives and children as victims of homicide has repeatedly been stated without, however, calling for much discussion. Here one could venture the following explanation on the basis of the social and psychological situation of the aged person. In social life, the old person stands outside the stream, professional activity is strongly limited or finished, and in the place of earnings we have either savings, pensions, or assistance. This narrowed social situation diminishes close

(1) A. LEPPMANN, l. c., p. 217.

M. H. SMITH, *The Psychology of the Criminal*, London 1922, Methuen and Company and others. p. 125.

(2) SCHILDER, l. c., p. 68.

(3) HENNINGER, l. c., p. 438.

contact with persons outside the family circle and therefore also the number of persons with whom friction, conflict and suspicion come into play. We have also noted how in our case material the fear of being robbed of the wife or a daughter has been a motivating factor in quite a few homicides. Wife and children often being the only persons to whom the aged still feels a relationship, it becomes sadly understandable how pathological fear of loss may lead to homicide just of these persons.

Reviewing the numerous efforts to solve the problem of causation, it seems that hardly any of the opinions and explanations can be considered totally right or wrong. Each of them may be causative for a number of cases.

If a formula has to be found that would cover all sorts of explanations it would be the one which Hans Gross gave at the beginning of this century. "The distinguishing element in extreme old age, in senility, is the loss of power, and if we keep this in mind, we shall be able to explain every phenomenon characteristic of this period."⁽¹⁾ One might venture to say, however, that the validity of this characterization is not confined to "extreme" old age but to every stage beyond maturity.

An historical investigation of the *statutes of criminal law* shows that the codifications of only a few countries have given special consideration to old age and that the tendency to do so is decreasing.

The criminal codes of Bavaria (1813), Oldenburg (1814), and Hannover (1840) excluded punishment for persons who because of old age had lost the use of intelligence.⁽²⁾ The same regulation is to be found in the criminal law statutes of Sweden (1846) and of Finland (1889).⁽³⁾ One has to note that in these instances "weakness of old age" is mentioned in addition to insanity and not as a form of it. This is important because it proved that weakness of old age was considered as excluding responsibility apart from insanity and not as a type of insanity. Here I see a consideration of the influence of normal old age characteristics which seems to me very important. Two recent reviews of modern codifications from the psychiatric angle show no such special considerations of old age.⁽⁴⁾

As a reason for mitigation of punishment, old age as such received

(1) H. GROSS, *Criminal Psychology*, Boston 1911, Little, Brown and Company, p. 374.

(2) BRESLER, I. c., p. 15.

(3) BRESLER, I. c., p. 15.

(4) B. STEINWALLNER, "Psychiatrisch Bemerkenswertes in neuen auswaertigen Strafrechtsformen," *Psychiatrisch-Neurologische Wochenschrift*, 1935, pp. 220-224, and 1939, pp. 380-382.

consideration by the criminal codes of Bavaria, Bulgaria, Hannover, Hungary, Mexico, Oldenburg, Portugal, and Sweden. The types of mitigation which we find are exclusion of capital punishment, (e. g. Bulgaria for persons over 65), exclusion of hard labor (e. g. Hannover for persons over 60) and extension of parole. Italy, in a regulation of 1904, permitted parole for persons over 70 in cases where punishment up to twelve months is foreseen by law, while in general parole was limited to delinquencies that were not threatened by prison terms above six months.⁽¹⁾

While actual legal regulations are rather few, numerous suggestions have been made in this respect. They can be grouped around the problems of responsibility and punishment. The most extreme suggestion is to have every old offender undergo a mental examination.⁽²⁾ Such a regulation has been opposed with the argument that the courts might then automatically neglect the question of mental health for all persons still without the age limit that would be adopted for old age.⁽³⁾ It has also been suggested that one should at least in cases of the faintest doubt examine the mental status of the old offender.⁽⁴⁾ Others recommend psychiatric examination for all aged sex offenders,⁽⁵⁾ and finally we have the suggestion that every first offender should be mentally examined.⁽⁶⁾

As to punishment it has been repeatedly held that many old offenders do not require prison custody because of their progressing weakness.⁽⁷⁾ In Guatamala, the demand for special prisons for old offenders is reported to have been voiced at the end of the last century.⁽⁸⁾ A useful aspect of probation may be pointed out with regard to the difficulty of making a diagnosis of senile mental conditions in some early cases. Since several observers have reported that a mental condition was discovered after an old offender had been sentenced, it is suggested to make free use of probation in order to see whether developing insanity would give a new aspect to the offense within a reasonable period.

(1) BRESLER, I. c., p. 15.

(2) PIESZCZEN, I. c., p. 417.

(3) ACKERMANN, I. c., p. 438.

(4) PIESZCZEK, I. c., p. 417.

(5) V. KRAFFT-EBING, *Gerichtliche Psychopathologie*, p. 138.

(6) A. LEPPMAN, I. c., p. 221.

(7) C. LOMBROSO, *Crime—its causes and remedies*, Boston, 1911, Little, Brown and Company, p. 411.

TANNENBAUM, I. c., p. 355.

(8) FEISENBERGER, I. c., p. 379.

To the author it seems that the available material does not yet permit final recommendations, but that enough knowledge has already been gained for the planning of a comprehensive and at the same time detailed statistical investigation. It has been somewhat unfortunate that so far most of the material has been provided by the medical profession. Thus, the emphasis as well as the sample have probably been heavily weighted by the psychiatric approach. However, sociologists and lawyers have had their say, and a well combined research committee could certainly outbalance the approach in a new investigation, taking care of the basic difference between normal and pathological characteristics of old age.

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THE FIELD-THEORETICAL APPROACH TO CRIMINOLOGY⁽¹⁾

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INTRODUCTION

In the literature dealing with the etiological factors in delinquency, criminality, and criminal psychopathology, there is still considerable debate as to whether these forms of behavior should be looked on as primarily sociological or cultural problems, or as primarily psychological or psychopathological problems, or as primarily anthropological problems. We use the adjective "primarily" advisedly, as there are relatively few students of criminal behavior today, who would take the position that criminal behavior is due solely to "an atavistic biological constitution, arising on a hereditary basis," as was Lombroso's early opinion, or the position of the naive environmentalists that all criminal behavior is due to growing-up in "delinquency areas" or even the position of some of the psychopathologists, that all criminal behavior comes about through the resolution of unconscious emotional conflicts, chiefly centering around the experiences of the family drama.⁽²⁾

Still one finds in the literature considerable debate between the adherents of a position which might roughly be called the sociological (or the socio-pathological), and the adherents of a position which might be called the psycho-biological (or psychopathological). The first of these positions maintains that the chief factors in criminal behavior are "environmental" or in the broader sense cultural. The second holds that criminal behavior is caused chiefly by certain peculiarities in the individual's personal emotional experiences and/or an unstable constitution.

It will be the argument of this paper that this debate is a special form of a meaningless antithesis which has permeated all biological science

(1) From the Psychology Laboratory of the University of Kansas and the Menninger Clinic.

(2) In the historical section which follows some bibliographical references will be given to these various viewpoints.

theory for almost all of the past century, and which has its origin in the inadequate methodological principles of the nineteenth century biological science. It will be further argued that the only way in which the problems of criminal behavior may be adequately discussed is in terms of a "field theory" in which biological, psychological and cultural factors all play integral parts. We will argue that criminology is a part of psychiatry, in the broadest meaning of this word, and will more and more follow the tenets of what is known as the organismic solution to the psychosomatic problem. In modern psychiatry the debate between the adherents of the psychogenic viewpoint, and those of the somatogenic viewpoint has largely been resolved by supposing that "every sample of human behavior, normal or abnormal, presents both a physiological (or organic medical) and a psychological (or psychiatric) problem". Similarly in criminology, we will suppose that every sample of criminal behavior presents both a psychological (or psychiatric) and a sociological (or sociopathological) problem.

The antithesis between the sociological and the psychobiological viewpoints in criminology represents only one of the various antitheses which characterized nineteenth century and early twentieth century biological and social science. Nineteenth century biological and social science has been described by one of the authors as class-theoretical, while modern biological social science tends to become field theoretical.⁽³⁾ A class-theoretical science is more concerned with the enumeration of characteristics of supposedly static classes than it is with the description of the dynamic conditions under which social events occur. In criminology, Lombroso's earlier belief in a distinct criminal character with definite physical, psychological and social attributes, is undoubtedly class-theoretical. Theories based on environmental factors may be class-theoretical also. Thus for instance, some sociological studies imply that criminal behavior results from having been born and having grown-up in slum areas, such areas being characterized by lack of playground facilities, low median incomes, high numbers of inhabitants per room and so forth. Undoubtedly, such classificatory description is important in the early days of any science. However, it invariably leads to dichotomous polarities which come to be considered antithetical in nature. Thus in biology, arises the problem of heredity vs. environment, in sociology, the problem of the individual vs. the group, in psychology, the problem of

(3) Cf. *Psychology and the Social Order*, by J. F. Brown, McGraw Hill, 1936 and *The Psychodynamics of Abnormal Behavior*, *ibid.* McGraw Hill, 1940.

normal vs. abnormal behavior, in psychiatry, the problem of psychogenic vs. the somatogenic etiology, and finally in criminology the problem of the sociological vs. the psychobiological factors in the etiology of criminal behavior.

In the last quarter of a century we have seen these antithetical dichotomies begin to disappear throughout the biological and social sciences, and as criminology is one of the specialized social sciences, such antitheses tend to disappear in criminology also. Twenty-five years ago it may have made some sense to discuss "psychological conflict" vs. "delinquency area" as causative factors in criminal behavior just as it made sense to discuss heredity vs. environment in personality psychology or the psychogenic vs. the somatogenic etiological factors in the psychoses. Modern social science more and more investigates the relationship of man to men to things. The unit for social science study can no longer be the individual and the group, but rather the individual *in* the group, and the group also must be considered as functioning within a complex environment which includes real cultural and real physical variants. The concept which the authors believe is most valuable in discussing this complex interrelationship is that of the social field. The social field may be defined as the configuration of the various biological, psychological and sociological forces which determine the behavior of either the individual or the group at any given time. In this paper we shall deal with some of the implications of field theory for criminology and report some cases which seem to us to indicate that only through field theory can we really account for criminal behavior. In order better to clarify our position, the following brief historical section will orient us as to some of the recent theoretical positions in criminology.

HISTORICAL SECTION

Although the roots of modern criminology lie in the eighteenth century, this science is chiefly a product of the nineteenth century. As a science of human behavior, criminology has had to suffer the vicissitudes of its sister sciences, biology and psychology, in attempting to come to terms with the equally immature science of sociology. Other limitations have been imposed upon criminology by the age-long identification of crime with sin, by the search for a unitary cause for criminal behavior, and by the mistaken assumption, still all too commonly made, that deductions about criminals may be made by the study of convicted criminals, i. e. those who get caught and are imprisoned.

The doctrine of individual responsibility for acts condemned by society was produced by religion, appearing in Hebrew literature about the time of Jeremiah.⁽⁴⁾ From that time virtually until the eighteenth century (and to the present in much popular thinking) the criminal was classed with the sinner as a free moral agent who had deliberately and perversely violated the will of God. This basic conception persisted in the writings of the so-called Classical School of criminology whose best known representative, Beccaria (c. 1764), assumed that man is a free moral agent who may choose to commit a crime. This conception along with urgent needs for reform in legal procedure, strongly influenced the drafters of the French penal code of 1791 in which attention was focussed upon the criminal act--the effort to evaluate and punish the crime--and away from the individual person committing the act.

The revised French penal code of 1810 reflected the difficulties arising from a practical application of such a rigid conception, and illustrates the neo-classical theory. This recognized that children and the insane are obviously not *as responsible* as "normal" adults and so introduced the conception of a free will somewhat modified by differences, if not in individuals, at least in groups of persons.

The rise of the biological sciences and the beginnings of social sciences in the nineteenth century brought an increased objectivity toward the individual human being as a member of his species and of social groups. The names of Quelet (1835), Morel (1857), Despine (1868), and Maudsley (1873) are associated with the attempt to explain criminal behavior in biological or socio-biological terms. The great name of this period, however, is Cesare Lombroso (1876) whose medical and anthropological studies convinced him⁽⁵⁾ that criminality is to be explained on the basis of atavism: the criminal being a case of biological reversion. on the basis of inheritance, to a more primitive human type. Lombroso's early view was the rather rigid one that a criminal is such because he is born so, and he cannot help expressing his inherent nature. Lombroso noted characteristic physical, physiological, psychological, and social attributes in criminals and believed that he could discern a distinct criminal type. Later, Lombroso believed that all criminals were fundamentally epileptic types, but finally he came to recognize several other types such as the "insane criminal", the "criminal by passion", so-called "ac-

(4) J. L. GILLIN, *Criminology and Penology*, New York (Appleton-Century), 1935, p. 215.

(5) Cesare Lombroso, *L'Uomo Delinquente*, Milan (Hopeli), 1876.

cidental criminals", and a group of "criminaloid" individuals who are susceptible, and will become criminal in a tempting environmental situation. Lombroso never completely gave up the conception of criminal behavior as due to atavism, but he later recognized two variables: biological constitution and environmental setting. His conclusion was that the "atavistic personality" cannot adapt to the highly complex modern culture into which it is born and thus becomes criminal.

Lombroso's views came under attack from all quarters. One of his own students, Ferri, while accepting many of Lombroso's anthropological conclusions, stressed social and climatic factors in the causation of crime. An English physician, Charles Goring, examined 3,000 convicts only to repudiate the doctrine of a "distinct physical criminal type." He was nevertheless impressed by the fact that there seems to be a physical, mental, and moral type of normal person who tends to be convicted of crime. Goring was disposed to believe that some combination of heredity, circumstances (environment), and chance determines the fortunes of men, and that where there are instances of defective physique and defective intelligence, criminality is most likely to appear.

The past four decades have seen a wide assortment of criminological theories. Goddard, for example, took Lombroso's "physical stigmata" of criminals as an indication of feeble-mindedness, and proceeded to prove that up to 89% of prison inmates are of defective intelligence. This was before the administration of Army Alpha tests to draftees in 1917-18, however: after this there was a revision of standards, and it was no longer possible to account for criminality in any such convenient manner. Goddard, and later the Gluecks as well as others, then turned to psychopathology, and regarded criminals as mentally disordered. Here further difficulties arose, however, in that the subjects were convicted criminals, that there was too much confusion as to the relative importance of hereditary, physical, and psychological factors in the origins of mental disorders, and that it was not always determined whether the mental disorders of a convicted man existed prior to the onset of his criminal behavior or after some period of incarceration.

The main schools of recent criminology have been summarized by Harry Elmer Barnes ⁽⁶⁾ as falling into three main groups: (1) "environmental schools"; (2) anthropological schools; and (3) sociological schools. Few contemporary criminologists would permit themselves to

⁽⁶⁾ HARRY ELMER BARNES, "Criminology", *Encyclopedia of the Social Sciences*, New York (Macmillan), 1937, Vol. II, pp. 584-592.

be catalogued so neatly, since most would assert that various contributing factors have to be assumed. It remains true, however, that men like Hooton, for example, still place the principal stress upon anthropological factors, while writers like Alexander and Healey place greater emphasis upon psychological determinants.⁽⁷⁾ Tannenbaum, who attaches the greatest importance to sociological factors, especially the phenomena of group behavior, nevertheless points out that "a theory of criminology must first of all be a theory of behavior, of which the criminal conduct is only a part . . . Unless and until our theory is broad enough to explain the growth and development of all types of integrated behavior systems, it cannot hope to explain any of the forms of behavior, criminal or otherwise".⁽⁸⁾ Morris⁽⁹⁾ likewise suggests that criminal behavior is the resultant of an interplay of various forces. He says: "There is no cause of crime. Criminal behavior, like all behavior, is a continuously growing pattern of activity drawn by the interplay of many forces within and without the criminal person. It cannot be too strongly emphasised that *for every man the combination is unique and the results are unique.*"⁽¹⁰⁾ Morris goes on to add that in every case of criminal behavior the following factors are involved: (1) the criminal himself, including his entire constitutional makeup, physical and psychic, inherited and acquired, at a given time; (2) his material environment both natural (geographical, climatic) and artificial (technic); and (3) his social environment.

Few writers in the field of criminology have taken unconscious psychological forces into account as a factor in criminal behavior. Alexander's psychoanalytic investigation of about a dozen criminals⁽¹¹⁾ have indicated however, that such forces are of determining influence in at least some cases, while Karl Menninger⁽¹²⁾ makes a strong case for criminality as a means of expressing powerful unconscious aggressive and self-destructive drives. This type of investigation has gone far enough to demonstrate that unconscious psychological elements must also be taken into consideration in the formulation of any complete explanation of criminal behavior.

(7) ALEXANDER AND STRAUB, *The Criminal, The Judge, and The Public*, New York (Macmillan), 1931; HEALY AND BRONNER, *Delinquents and Criminals, Their Making and Unmaking*, New York (Knopf) 1926; ALEXANDER AND HEALY, *Roots of Crime*, New York, (Knopf) 1935.

(8) TANNENBAUM, *Crime and the Community*, New York (Ginn), 1938, p. 218.

(9) MORRIS, *Criminology*, New York (Longmans, Green), 1938.

(10) MORRIS, op. cit. p. 69. Italics are the author's.

(11) ALEXANDER AND STAUB, op. cit.

(12) MENNINGER, *Man Against Himself*, New York, (Harcourt, Brace), 1938, pp. 200-207.

We thus see that the more recent writers are in more or less agreement that biological factors, psychological factors, and cultural factors are all of importance in determining the behavior of the criminal. Some of the most recent even insist that the psychological factors are largely unconscious in origin. Thus, whether explicitly or not, modern criminology tends to be field-theoretical. Before we go on with a further elucidation of the field-theoretical viewpoint, however, it will be worth our while to state both the sociological and psychobiological positions in a rather extreme form and to show how each of these is of necessity one-sided.

THE SOCIOLOGICAL VIEWPOINT

There is a host of evidence that criminal behavior is to some extent determined by cultural or sociological factors. Studies by cultural anthropologists of primitive societies and societies other than ours, and by cultural historians on past societies all indicate that a criminal act may only be defined in terms of cultural norms. There is a wide variation in the mores regarding the treatment both of property and persons and a wide divergence in the laws or codified regulations protecting both property and the individual in various cultures.

Studies by sociologists also indicate definite correlation between delinquency rates and environmental surroundings. One's chances of becoming a criminal are statistically very much higher in certain city areas than in others. Furthermore, as all psychiatrists know, whether or not the aggressive acts of an individual against both property or persons will be treated as criminal depends to a great extent on the individual's social status. An individual from the upper economic groups may be classified as a "neurotic character" and hospitalized in a private institution for acts which would lead a person less favorably situated in our society to the penitentiary.

That the sociological viewpoint is one-sided however is attested by equally striking evidence. In practically all societies and quite independent of the individual criminal's social status within them, antisocial behavior of a criminal sort occurs. Furthermore individuals from "delinquency areas" quite often become leading citizens and the sons of leading citizens quite often exhibit criminal behavior which is so extreme that they end in penitentiaries. As Devereux⁽¹³⁾ has pointed out, the

(13) GEORGE DEVEREUX, *Social Negativism and Criminal Psychopathology*. J. Crim. Psychopath. 1:323-338, April 1940.

sociological position, to be logically stringent would have to find a perfect correlation between delinquency areas and delinquency. And certainly optimal environments should never lead to criminal behavior.

THE PSYCHOBIOLOGICAL VIEWPOINT

In more recent times there has also been gathered overwhelming evidence (by workers in child guidance clinics and juvenile courts, by psychiatrists in prisons and by individual psychoanalysts) as to the importance of individual psychological experiences, particularly in the realm of the emotions, in causing criminal behavior. The present debate as to whether or not aggressive and destructive behaviors are instinctual or are early acquired does not have to be decided for our purposes. One can take it as axiomatic that with the exception of a few criminal acts committed on a "rational" basis and a few criminal acts committed by so-called "normal criminal characters", displaced aggression plays a role in practically all criminal behavior. Furthermore the psychoanalysts have shown that the victim of aggressive acts is often only a surrogate for the unconscious object of the aggression. In discussing the genesis of war it can be said that psychobiological factors make war possible but sociological and cultural factors determine the conditions under which war occurs. The situation is similar with aggressive acts of a criminal nature, for example. The mere fact that occasionally individuals do commit serious acts of violence against other individuals without any demonstrable sociological contributing factor supports the psychobiological viewpoint. But the psychological viewpoint is one-sided also, for the reasons we have given in the last section. The antithesis between the sociological and the psychobiological viewpoint leads to the necessity of accepting a field-theoretical view as to the genesis of criminality.

THE FIELD-THEORETICAL VIEWPOINT

The field theory supposes that all human behavior is determined by the configuration of biological, psychological, sociological factors in the social field. The biological factors are of course of primary importance. In the final analysis it is biological individuals who behave and the new born child is almost purely "biological". In the process of the domestication of the biological urges in the individual's lifetime, the psychological aspects of his personality are developed more or less in accordance with the nature of his culture. Both Freud and the Gestalt Psychologists have indicated how the biological urges become modified

through frustration which must be inherent in any culture in the process of growing psychologically. Our old belief that man's animal body and the society in which he lives could be largely controlled by his rational mind is largely controlled by the nature of his animal body on the one hand and by the nature of his culture on the other. Thus the psychological and sociological aspects of the personality are added to the biological through environmental influences.

The field-theoretical viewpoint however does not imply that there are never social fields where the biological or the psychological or the sociological factors are of primary practical importance. In modern psychosomatic medicine, which tends to be field-theoretical, it is by no means denied that there are exogenous organic diseases where the somatic condition is almost alone responsible for the symptom complex, and so the indicated therapy is medicinal. Similarly, in some of the psychoneuroses it is realized that the psychological experiences of the individual are of really primary importance, and the indicated therapy is psychological. But even in the exogenous organic diseases on the one hand and the psychoneuroses on the other the psychological and physiological contributing agents are implied. In the vast majority of medical problems, both somatogenic and psychogenic etiological factors must be considered.

As criminology becomes field-theoretical, similar differentiations will undoubtedly have to be made. In final analysis criminology belongs to the field of psychiatry in the sense that this word is now being more widely used. Or, if psychiatry has too much the connotation of medicine as applied to the mentally ill, one could better refer to the broad field of the science of psychodynamics. Leaving open the delicate legal questions concerning the treatment and care of the criminal, as scientists we can only look on criminal behavior as one of the ways in which psychological conflict is resolved in a cultural environment. From this viewpoint then, the biological, psychological and sociological aspects of behavior must always be taken into consideration. But, as was the case in psychosomatic medicine, there are undoubtedly constellations of etiological factors where vastly different weights must be given to the various contributing factors. Thus there is no generalization which can be made about criminal behavior or the criminal type, any more than we can make generalizations about pathological behavior or the pathological type. We are overcoming the static class-theoretical approach, and approaching the dynamic field-theoretical approach in modern criminology.

CLASSIFICATION OF CRIMINALS

Thus the field-theoretical approach to criminology does not preclude a recognition of the fact that one or another element within the total field may have etiological predominance. There are undoubtedly instances of criminal behavior where sociological and cultural factors are of basic importance. Diametrically opposed to such criminals in an etiological sense, however, are those whose crimes clearly belong to the field of criminal psychopathology. The majority of criminals probably fall somewhere in between these two groups in that both psychopathological and sociological factors are of importance in explaining their behavior. With these considerations in mind, we may introduce here an etiological classification of criminals that for some years has been found useful at the Menninger Clinic. A brief word of explanation is added to the listing of each category.

ACUTE CRIMINALS: Those who, for the most part, become criminals only under special circumstances. In acute criminals, the criminal behavior is not generally considered to be a product or symptom of long-standing social or personality maladjustment.

1. *Accidental Criminals:* Persons who do not intend to commit a crime, but whose criminal behavior is the result of some slip, accident or mistake or is the consequence of honest ignorance of the law. Thus, a person may be convicted of manslaughter because of an automobile accident in which it could be proved that he had been negligent about having defective brakes repaired, but where there was no intent to harm another person. Persons whose crimes are "accidents" so far as they are consciously aware, but who were unconsciously motivated to behave in some criminal way may be considered "neurotic criminals" (vide infra).

2. *Situational Criminals:* Those whose crimes are due to the temporary supremacy of the instincts or of anti-social impulses under circumstances of overwhelming stress affecting an otherwise stable personality, circumstances such that the average onlooker would ordinarily say, "In the same situation, I would have done the same thing." Such circumstances might include: great hunger, real fear for the security or safety of family or other loved ones, sudden passion in the face of great provocation ("the unwritten law" or "justifiable homicide"), and real or apparent need for self-defense.

CHRONIC CRIMINALS: Individuals whose crimes are the product of some long-standing maladjustment. The particular crime that brings the criminal to the attention of the public or the police may appear suddenly, but the roots or background of the crime, the motivations, have a longer history and have to be understood in terms of the total adjustment of the individual concerned. The same is true, of course, for most habitual criminals.

1. *Criminals with Organic Diseases or Defects:* In the case of such individuals, some structural or physical defect or disease precludes a normal adaptation to the demands of society or releases primitive impulses which, in the normal person, are sufficiently held in check. Such conditions may include:

- a. hereditary or congenital defects of the central nervous system.

- b. inherited or acquired mental deficiency.
- c. toxic conditions induced by alcohol, or other drugs, etc.
- d. infections, such as syphilis of the central nervous system, other types of encephalitis, etc.
- e. brain tumor.
- f. epilepsy with marked deterioration.

2. *"Normal Criminals"*: This group, marked off some years ago by Franz Alexander, includes those individuals for whom criminality is the normal way of life. Reared in a predominately criminal environment, such persons have a conscience or Super-ego which permits criminal behavior without internal conflict. The only conflict is with those, like the police, who are outside the self and the supporting group of the usual environment. Here, of course, sociological determinants are paramount.

3. *Neurotic Criminals*: Those whose neurotic conflicts gives rise to symptoms that take the form of criminal behavior. This group has been studied by Alexander and Staub, Alexander and Healy, Karl Menninger, and others. They include cases of individuals who become criminal:

- a. because of an unconscious sense of guilt sufficient to cause a strong "need for punishment" such that they will commit crimes for the unconscious purpose of getting caught and being punished.

- b. because of various compulsions, based upon unconscious needs, to set fires, to steal, to exhibit themselves, to peep at others, and so on. Descriptions of such neuroses are fairly common in the psychoanalytic literature.

4. *Psychotic Criminals*: Individuals whose criminal behavior is the direct result of delusions, hallucinations, or other manifestations of a psychosis. Included in this group are:

- a. cases of paranoia or paranoid state in which there may be severe delusions of persecution or of intended assault sufficient to cause the person to turn upon his supposed enemies with homicidal fury.

- b. schizophrenics, including:

- 1) those with "queer" relationships to other persons, eg. phantasied love objects, leading to arrest for loitering, making improper advances, following on the street, or being a general nuisance, etc.

- 2) sex murderers: a series studied by Zilboorg were, in his opinion, all schizophrenic,

- c. manic-depressives:

- 1) manic state: aggressive, destructive elation or excitement resulting in criminal behavior

- 2) depressive state: suicide

5. *Neurotic and Psychotic Characters*: In this group, often called "psychopathic personalities," one often finds cases of criminal behavior. These individuals are characterized by faulty character development such that they are unwilling or unable to accept the normal demands of group life. In them one finds a too weak or distorted ego, a corrupt super-ego, or some other reason for failure to accept the reality principal. The unconscious conflicts of these persons, instead of taking the form of neurosis or psychosis, are acted out in conflicts with the environment; the family, school, or community at large. Those who become criminals may include:

- a. alcoholics or other addicts, in whom the criminal behavior may be the outcome of the addiction or in whom both the alcoholism (or other addiction) and the criminal behavior are expressions of the character defect.

- b. a variety of "queer people": hermits (other than schizophrenics,) eccentrics, fanatics, etc.

- c. those who tacitly believe and act as though the world owes them a living

and who often pass bad checks, steal, become chronic gamblers, constantly seek "get rich quick" schemes, etc. and thus run afoul of the law.

d. pathological liars.

e. an unclassifiable but large and important group of impulsive individuals who constantly get into difficulties, rationalizing their behavior and resolving to do better, but never living up to their good intentions.

It will be seen from this classification that biological, psychological and sociological factors are all considered in accounting for criminal behavior. In the accidental, situational, and "normal" criminal categories, sociological elements predominate, but not to the exclusion of psychological factors. In the group of criminals with organic diseases or defects, biological factors are of the greatest importance, but chiefly because they produce a different kind of mental life and behavior from that considered to fall within normal limits. In the other categories, psychological factors are paramount; and yet one does not pretend that neuroses, psychoses, or character defects arise in a psychological vacuum, since with all of them, too, there are important biological and sociological determinants. It is therefore futile to set up rigid distinctions between biological, sociological, and psychological elements in a given instance of criminal behavior. On the contrary it is necessary to consider the "total personality" of the individual in the "total situation" or setting in which he lives, moves, and has his being; and this is the field-theoretical approach which, we believe, is as applicable to criminal behavior as to any other aspect of behavior.

CASE MATERIAL

Space does not permit us to illustrate the field-theoretical approach to each category of criminal behavior suggested in the foregoing outline. It is believed, however, that most of the types listed will speak for themselves. Nevertheless it may be instructive for us to conclude with several brief cases in order to illustrate our general thesis.

Case One

Mr. B., a 40-year-old mechanic, had been living for several years with Mrs. H. and her adolescent daughter, Ruth, when it became apparent that Ruth might be pregnant. Mr. B. had been living almost as common law husband to Mrs. H., but he tacitly acknowledged responsibility for Ruth's supposed pregnancy, and sent Mrs. H. and Ruth to see a doctor. The doctor confirmed the diagnosis of pregnancy but refused to perform an abortion.

Mr. B. then undertook to perform an abortion himself. Mrs. H. at first refused to assist him, ran out of the house, and frantically but unsuccessfully attempted to get

neighbors to help her in restraining Mr. B. When she returned to the house, she found Mr. B. in the midst of a crude uterine curettment operation, to which he had induced Ruth to submit; Mrs. H. then passively assisted him by holding a light. Ruth subsequently died of peritonitis and legal proceedings were instituted. Both Mr. B. and Mrs. H. were convicted of murder, the latter as an accessory.

How is such a crime to be understood? One element in the crime is certainly cultural: it is not only unethical, but also illegal in the United States for a physician to perform an abortion except under highly restricted circumstances. Nevertheless there are abortionists, some of whom are reputed to use care and the aseptic technique of a modern hospital operating room; but their fees are presumably very high. Thus the culture prohibits abortions, and social-economic factors make it largely unavailable for any, except the well-to-do, who are willing to defy the cultural standards. Poverty (and, perhaps, ignorance—another sociological factor) precluded a “safe” abortion. A more sophisticated and well-to-do Mr. B. might have solved his difficulty by committing a different crime, namely, having a competent person perform the abortion; and he probably would have gotten away without further complications.

Psychological factors were equally important. Mr. B. undertook this home-abortion in a state of acute fear. He had tried only one physician; another might have agreed to do the job for him. If not, there were possibilities. A social agency might have arranged for Ruth to leave the neighborhood (or the city) in order to have her baby, and then place it out for adoption. As it was, however, both Mr. B and Mrs. H. acted under the influence of panic, an emotional state in which most persons tend to behave impulsively, to throw caution to the winds, or to grasp at any straw that seems to offer security. Thus the crime was likewise in part the product of a powerful emotion, fear.

Beyond this, however, is the deeper psychological problem of why Mr. B., who was virtually the common law husband of Mrs. H., was motivated to have intercourse with Ruth. Our information in this case is too limited to permit an adequate explanation, but we must assume that there is a valid one. Was Mr. B's character development perverse or faulty? Did Mrs. H. reject Mr. B. in some way or other, causing him to turn to Ruth partly in anger, partly because of proximity? Did Ruth, unconsciously or consciously jealous of her mother, act seductively toward Mr. B. and thus encourage his attentions? For a complete understanding of the crime, even in terms of the more proximate elements, we need to know more about the personalities of the principal actors, Mr. B.,

Mrs. H., and Ruth. Our approach, therefore, is not sociological, or biological, or psychological; it is all of these together.

Case Two

John S., a 15-year-old boy in a very respectable middle class family, was arraigned in Juvenile Court on the charge of attempted rape of an 11-year-old girl. It came out subsequently that on a previous occasion John had exhibited his genitals to two younger girls and that, still earlier he had attempted a holdup with a toy gun. John was the only child of rigid and religious parents and had always been known as a model child who was not permitted to have undesirable associates.

A thorough physical and psychiatric examination of John revealed little. He was sorry, in a conventional way, for what had happened and was sure it would never happen again. He had no explanation; it was just the result of "an impulse". Later material was more productive. On the day of the rape episode John felt rejected by his mother who had left town for a short time without saying "goodbye" to him while his father, who customarily ate lunch at home with John, went to the Lions Club instead. John brought out increasing evidence of strong resentments toward his mother whose over-protective attitude, in John's infancy, seemed great love, but in recent years meant only restriction and deprivation. A dream in which theft of a woman's pocketbook was combined with a repetition of the rape episode indicated powerful hostile feelings toward women, while, at the same time, John's behavior toward women therapists suggested a need to be punished by them.

The consensus of psychiatric opinion about this boy was that he was an extremely inhibited character with deeply repressed hostilities and very close to schizophrenia.

This is a type of criminal behavior that is often the despair of environmentalists. By all outward indications John should have been an unusually well-behaved and law abiding member of the community, as indeed he was most of the time. What has to be taken into account, however, is that John reacted to the circumstances of his rearing with intense, but well-repressed hatreds and little capacity to bear rejection. His unique psychological structure was such that he could not express what he felt except under special stresses and by a mode of reaction (exaggerated aggressiveness directed outside the family circle) out of all proportion to the apparent disappointment or deprivation. That the forms of his "acting out" were socially conditioned (movies, sex talk of school companions, etc.) is undoubtedly true as well.

In this connection it is worth recalling that Zilboorg⁽¹⁾ has made minute studies of the records of a dozen or so sex murderers executed at Sing Sing, most of them after having been found "sane" in court. It was Zilboorg's considered opinion that all of them, at the time of their crimes, were unmistakably schizophrenic. Thus in some of the most

(1) GREGORY ZILBOORG, *Lectures at the Institute for Psychoanalysis*, Chicago, 1939-1940.

dramatic and serious crimes psychopathological elements are especially important, but, again, the total picture is necessary for an adequate understanding of the case.

CASE THREE

A 33-year-old business man became increasingly addicted to alcohol following disappointment in love at the age of 20, the death of his father three years later, and divorce, after a brief but stormy marriage, a few years after that. This man was arrested repeatedly, and occasionally sentenced only to be rescued by his family, for driving while drunk, driving without a license, destroying property while drunk, and committing assault and battery. On at least one occasion he stole a sufficient sum of money to make him liable to prosecution for a felony, but this was never detected.

The only child of a strong, aggressive, self-made father and a tender, religious, overly protective mother, this man was frail and sickly in early childhood so that he was shielded from many childhood experiences, and indeed, treated more as a girl than a boy. After puberty, however, he became strong and physically formidable. He feared and respected his father until late adolescence when he discovered that he could overpower his father. He adored and idolized his mother until puberty when her over-protective and religious nature became a source of restraint and frustration to him. He became increasingly resentful of her throughout adolescence, an attitude that became overt after his father's death when, as he felt, he would have preferred that he, her son, had died rather than her husband.

Despite the early frailty, this man's later boyhood and adolescence were that of the "typical American boy" of storybooks: hunting, fishing, collecting birds' eggs, trapping, building radio sets, going to Sunday School, and so on. Most observers would have called his life ideal and his lot especially fortunate. Nothing in the environment or in the outward experiences of childhood and adolescence spoke for anything but a well-adjusted and successful college and subsequent business career.

Psychological experiences, however, were to make for a different outcome. Some 200 hours of psychoanalysis uncovered a very complex personality structure that accounted for this man's extremely wild and not infrequently criminal behavior. The mother's overly solicitous and protective relationship to him made the little boy idolize her as a perfect, loving parent, but the same attitudes caused the somewhat older (pubescent and adolescent) boy to resent her restrictions and interference. These feelings were aggravated as a defense against the intensity of the former attachment, now having incestuous implications and increasing the rivalry with a hated but intensely feared powerful father. Thus the conflicts of an over-protected and over-indulged only child were added to those of an unresolved Oedipus situation. Subsequent interpersonal relations were characterized by a high degree of ambivalence.

Subsequent life experiences only served to keep these conflicts alive. In his first love affair, this man's unconscious but excessive demands upon his girl created such an impossible situation that she rejected him. This was the pattern of all subsequent relations with girls and women: increasing demands, ultimate rejection, hostile acting out toward the now rejecting love object. When other women were not available, this type of acting was directed toward the mother: demands for money or other special favors, indulgence up to a point followed by refusal by the mother, acting out (running away, getting drunk, smashing up a car, getting into a fight, or getting arrested) in some violent way, then either letting the mother know what happened or calling upon her to come and get him out of the predicament.

In this case, again, psychological factors are of the greatest importance. Here they are, for the most part, deeply unconscious so far as

the patient is concerned, and they represent a defect in his whole character structure. Social and economic factors are important, too; if this man had not come of a fairly prominent family, he would have been convicted much more often and probably spent many years in prison. As it was, he was usually able to get his family to pay fines or in other ways get him out of scrapes, and he rarely had to suffer any serious consequences of his often violent behavior.

CASE FOUR

A talented and good-looking Catholic girl, educated in parochial schools, married a man her own age and similar education. Sometime after their marriage, however, the husband became dissatisfied with their marriage. There were several separations until the wife herself finally left with their two young children and did not return.

In attempting to provide for her two children, the wife worked in several menial jobs. As time went on, she was occasionally promiscuous sexually and then began taking money from her sexual partners. Discovering that she could easily provide for her children in this way, and at the same time eat better and buy nicer clothes for herself, she became a prostitute, sometimes as a free lance, sometimes in houses of prostitution. This went on until her children developed minor behavior disorders, including stealing in the boarding homes where their mother had placed them.

Meanwhile, this woman had sought the services of a social agency in the solution of her various difficulties. When it was pointed out to her that her children's difficulties might be related to her own unconventional mode of life and her partial neglect of them, she resolved to change completely. Almost overnight she gave up her activities as a prostitute, moved into more respectable rooms, and took direct responsibility for her children. At the same time, however, there was evidence that she had a strong preference for one child against the other, and when the latter went off to school for a year, she expressed a feeling of relief that he had gone.

This case was not studied intensively by a psychiatrist. Little was learned of the patient's early history except that she had been her father's favorite in early childhood, that she had been sent to parochial schools, that her mother died when the patient was about eleven, and that her father had remarried when she was thirteen. She had always resented her step-mother, and there has been constant friction between them.

Here is a situation where social and economic pressures obviously contributed strongly to a type of criminal behavior—prostitution. A girl of strict religious training, of talent and good education, is hard put to it, after an unsuccessful marriage, to support her two children. The jobs she is able to get take her into a neighborhood where prostitution is virtually a normal way of life, and she becomes, at first promiscuous, then an out-and-out prostitute. But unexplained psychological factors are also at work. In the first place, there is indirect evidence that this girl had intense unconscious hostile feelings toward her father, and we see a partial rejection of one of her sons. That this may have been an unconscious element in her becoming a prostitute may be inferred from

more complete studies of other prostitutes in whom strong hostile ("castrating") tendencies are almost universally found.

Other indirect evidence for a powerful emotional factor is found also in the fact that this woman gave up prostitution suddenly, although her economic situation was worse than when she began, when the effect of her mode of life on her children was pointed out to her. Her case worker was older than she and well suited to be a "mother figure," and it is not presuming too much to assume that a combination of a secure emotional relationship with a mother-figure who held out the promise of help in improving her economic status combined with a sense of guilt stirred up by an awareness of the destructive effects of her acting out upon her children were sufficient to produce this sudden and unexpected personality change. Certainly, at least, if the social and economic factors alone determined this woman's prostitutism, we are at a loss to explain her sudden abandonment of this type of life adjustment.

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THE CRIMINAL COMPLEX IN COMPULSION NEUROSES

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The basic psychoanalytic concept that neurotic symptomatology is essentially the result of conflict between instinctive cravings and cultural demands, does not tell the whole story unless fuller weight is given to the role of criminal trends in the history of mankind. It has remained for Stekel to give emphatic expression to the significance of the criminal component in man and provide us with rich clinical material on which to buttress the findings. These findings give clear indication that neurosis acts as an immobilizer of criminal trends which otherwise would have gained expression in overt criminal behavior. But while this is true universally of all neuroses, nowhere else is the criminal drive so clearly evident as in compulsion neuroses, in which obsessions and compulsions with their attendant guilt and atonement reactions, act as barriers to criminal drives. Rather than to become a criminal and find himself in prison, the patient suppresses his criminality and retreats into a prison of his own. Stekel aptly called compulsion neurosis "the spiritual prison of the latent criminal," for the neurosis offers the patient a reliable protection against his own antisocial impulses.

It is not the purpose of the instant presentation to discuss in detail the manifold mechanisms found in compulsion neuroses.⁽¹⁾ We are all acquainted with the peculiarities of their thinking processes, with their tendency to "intellectualize" their conflicts, with the rigid flow of their associations, etc., for compulsion neurosis is an intellectual disease *par excellence*, in which ideas are symptoms. We also know their utilization of the mechanism of emotional displacements, their symbolization of the every-day life, the importance of the "secret" and the "death clauses" in their obsessional systems, and the role bisexuality plays in the structure of the neurosis. Nor do we intend to discuss here the problem of

* Based upon Wilhelm Stekel's "*Zwang und Zweifel*", two volumes, publ. by Urban & Schwarzenberg, Vienna, 1928.

(1) The author is at present engaged in the preparation of an exhaustive condensation of all of Stekel's works, in which a detailed attention will be given of the entire problem of compulsion neuroses.

hostility as such, even if it is freely admitted that where there is hostility, there come *pari passu* criminal impulses. Rather we shall make the presentation clinical and cite relevant analytic material to demonstrate the variety of criminal trends found in compulsion neuroses. These anti-social impulses comprise guilt-consciousness attendant upon the loss of virginity, infidelity, wished for or actual, the fear or wish to harm someone, pyromaniac and kleptomaniac fantasies, suicide, death wishes and compulsion to murder, and that most repressed, wished for and feared crime of mankind—the crime of incest.

A. *Loss of Virginity*

CASE II*

A lady, aged thirty-four, was tormented by a doubt as to whether she had paid the bill for a wreath she had bought from a gardner. Another of her doubts was that she might have given away an object as a gift that was broken or damaged. And third, she displayed doubts as to whether she had put a letter into the right envelope. She opened and sealed envelopes over and over again.

The analysis proved that she had annulled a traumatic experience, an intimate act with her piano teacher, which she had six years prior to the outbreak of the neurosis. She claimed that she was in a state of unconsciousness during the act. Later she admitted having suffered a great deal from feelings of guilt. The unpaid bill was the bill of her conscience. The reckoning with the seducer had not been settled. There was a question as to her virginity, a doubt, that found its expression in her idea about broken presents, and open and sealed envelopes. Deep in her heart, she still clung to the idea of a reunion with her teacher. She was still expecting a letter from him. She wanted him to tell her that he was willing to divorce his wife and to marry her; or that his wife had died and that now he would rehabilitate her. But none of the letters she received was the "right one". In her ceremonial with the envelopes she reproduced the traumatic experience (sealing+coitus) including the act of renewal and redemption, by throwing away the old (used) envelope and taking a new (virginal) envelope.

The neurotic doubts of patients who have lost confidence in their sense of reality, their perceptions and powers of reasoning, cannot be corrected by reality. In the above case, the patient's mother took her

* The ordinal position of the cases refers to the original text and not to the instant presentation.

daughter to the gardner from whom she purchased the wreath. He looked over his books and declared the bill had been settled. The patient, however, was not satisfied. She thought the gardner might be mistaken. The gardner, at the mother's request, gave a written receipt. The patient still doubted. Thereupon the mother paid the bill again in order to relieve her daughter's conscience. But after a few days the doubt reappeared. The daughter suspected that her mother had pretended to pay the bill in order to calm her. The mother swore that the payment was real. The patient suspected that her mother had sworn a false oath—for her sake. But finally she declared that all she wanted to know, was whether *at the time she bought the wreath* she had paid; the payment of the bill was not, in itself, important. Of course, nobody was able to give her a satisfactory proof.

The accompanying emotions during the act of buying the wreath were responsible for the development of doubts. The patient had the idea that she would like to put this wreath on the grave of the piano teacher's wife. She regretted this thought and wished the piano teacher himself should die and make her forget what he had done to her. She also was sorry for this thought. She blamed herself for not having resisted him (the "debt"). She doubted if she ever would be able to wear a bridal wreath (virginal wreath). She annulled her real experience and made it appear as a fantasy. Since that time she began to doubt every reality.

B. Infidelity

CASE III

A business man had the obsession that he must sell his suburban store and buy another one which was located downtown. The old store was prospering, and there was no acute reason for a change; and yet, this idea of change was so predominant that he was very dissatisfied and unhappy. After long meditation he decided to follow his impulse and bought a store downtown. But he felt even more miserable in his new establishment. His obsession turned into violent self-reproaches.

As all obsessions, this obsession proved to be a substitute idea. There was an old love story hidden behind it. Downtown the patient had once met a young salesgirl. In his neurosis he symbolized his wife-salesgirl conflict by contrasting the old store with the new. The conflict accounted for the persistence of his symptoms after he changed his business location.

Entangled in his daydreams, the patient sees everything as a symbol. Most of his activities become substitutes and expressions of other, more meaningful activities and seem to follow the principle of the "as-if". The way he relaxes, gets up, opens the door, starts and finishes things—all these he may associate with important, mystical functions. All the seemingly unimportant objects he possesses may prove to have special meaning. Letters, stamps, fotos with which the patient refuses to part, may play an integral part in his daydreams. When he behaves as if he were fearful of losing an object we may suspect that he is attempting to undo a loss he had suffered in the past, the loss of an affection, an opportunity, or the like. In his neurotic behavior he may annul this loss; he may behave "as if" by exerting extraordinary anxiousness and care he will be able to avert the loss—even though it has actually occurred already.

CASE V

One patient complained of an obsession that he was unable to urinate. The physical examination found him organically well. Although the patient knew that he was able to urinate, his obsession persisted. In the course of analysis the patient related that the day before he was stricken he had committed an act of infidelity. The obsession was preceded by a fear of infection. He consulted a physician and was assured that he was well. But soon his obsession of not being able to urinate developed. A confession to his wife did not benefit him. In fact, the stronger his obsession grew the more disinterested he felt towards his wife. Finally he lost all desire for her. An entirely unconscious inner split had developed after his intercourse with the other woman. He was torn between marital duty and desire for his newly found lovemate. It was his original idea "I cannot copulate" that was replaced by the—less embarrassing—idea "I cannot urinate". The propelling force behind this obsession was found to be his unconscious hatred of his wife with whom he was compelled to live although his mind was set on happiness with another woman.

CASE XI

A thirty-one-year-old woman suffered from ideas of suicide because she was unable to regain the religious ardor she had in her youth. Sexual pictures obtruded while she prayed. As she knelt in the pew she thought of Christ's nudity, and in fantasy she undressed the priest

and considered him a hypocrite. In the confessional she implored the same priest to free her from her blasphemic tendencies, but even as she confessed she fought against such ideas as "What you are doing here is hokum," and as she accepted Holy Communion she felt like spitting out the holy wafer.

The priest told her that her symptoms were the devil's temptations. This explanation made her doubt whether there is a devil, and she began to make much of the variance between the theological and scientific opinions on the question.

The following is her history: She had married an elderly landowner, an eccentric man who forced her to work like a servant girl. She had a distinct tendency towards asceticism, and lived the austere life of a peasant woman. Four years after the marriage her husband died and she inherited a considerable fortune. A strong feeling of guilt, resulting apparently from wishes she had had for her husband's death, caused her to reject a youthful suitor. But two years later she married another landowner who was in need of a housekeeper. He was a hypochondriacal man, fearful of sexual relations. He spoke of only two things: illness and death. Again her position was that of a maid; her marital relations offered her no physical gratification.

A short time prior to the outbreak of her blasphemic obsessions she met a handsome young man and spent a few hours in his company. An analysis proved that she toyed with the idea of marrying this man. She felt that this wish could be fulfilled only after her second husband died. Then she thought she could start an affair "as other women do" without waiting for her husband's death. In her dilemma she appealed to God, but, according to her statement, God failed her. It was then that the blasphemic tendencies got the upper hand.

An outstanding feature of compulsion neurosis is the patient's attitude towards truth. Law demands that the individual be truthful. The oath, which enforces truthfulness, is offered to the Highest Being, who is entitled to the truth because of His omniscience. Oath and punishment play a significant part in compulsion neurosis. Many compulsion neuroses are but chains of alleged perjuries and self-inflicted punishments for these perjuries. The patient's constantly active feeling of guilt renders him oversincere and anxiously determined to speak the truth. But at the same time, no neurotic is so much afraid of the truth as the compulsion neurotic. He succeeds in so confusing the intentions of his inner self that finally he does not know which are his true desires and which are obsessions or compulsive imperatives.

Since most compulsion neurotics have a history of oaths in which the lives of their relatives are involved, they very easily become "guilty of murder." We therefore understand why the compulsion neurotic fears nothing more than having to swear in courts or on other occasions. Swearing causes endless doubts in his mind, and the spectre of perjury haunts him for months and years after he has taken an oath.

C. To Damage

CASE XIV

A twenty-six-year-old man from a small European town suffered from the obsession that he was responsible for the many local disasters. During the war his home town was shelled by the enemy. While he ducked the bombs, he had the idea that "tomorrow the house of the notary will be struck by a bomb." Immediately a violent struggle began in his mind. He tried to eject this thought, swore that he did not wish evil for anyone, prayed that the Lord would protect the notary's house. The next morning, defying all the danger of the bombardment, the patient sneaked out of his home to assure himself that the house of the notary was undamaged. When he saw that all was well he felt relieved, and at the same time he detected in this incident proof that his thoughts carried immense weight: he had "saved" the notary's house from destruction. From that time fears that accidents might happen to other people became very frequent, and he was forced to use various compulsions to ward them off.

D. Pyromania

CASE XXIII

A twenty-nine-year-old business man suffered from an exceedingly annoying obsession. He visualized a fire which he feared would grow and envelop persons of his family, the village where he lived, the nation, and the whole world. When the flame was only about an inch high the patient would tell himself there was no danger, neither to his family nor to his homeland, in short—to nobody. If, however, the imagined fire "grew" so that it was $1\frac{1}{4}$, $1\frac{1}{2}$, $1\frac{3}{4}$ or 2 inches high, then he was upset and feared the worst for his family and other people. He therefore attempted—all in his imagination—to "press the flames down." If he succeeded in pressing the fire down to one inch he felt calm and knew the world had been saved from a terrible conflagration.

An important aggravation of his problem developed sometime after the obsession first occurred. If in the presence of another person the obsessive idea struck him, he was forced to press down the fire in the presence of the same person. Once the idea of a two-inch fire came while he was in sight of Mr. M. He hurried after Mr. M. but lost track of him. Mr. M. was not at home. The patient tried in vain to press down the fire without the aid of Mr. M. He spent many hours in front of Mr. M.'s apartment. He followed him to a neighboring town in an effort to meet him, he missed him repeatedly, he lost many days in the crazy hunt for Mr. M. Finally he met Mr. M. who was very much surprised to see his pursuer. A conversation followed, during which the patient was unable to press the fire down to less than one-and-a-half inches. He could not help it, he had to see Mr. M. again. After several attempts he met Mr. M., who was annoyed. He quarrelled with the patient. Why did he follow him? The patient had to invent an excuse. Within three days he was able to reduce the fire to one inch, but whenever he wanted to utter the important formula which would prevent anyone from being burned by fire, Mr. M. would disappear and the fire would grow again to two inches.

Notwithstanding the difficulties confronting him when he tried to meet the demands of his compulsion in front of another person, new rules were forthcoming incessantly. A new addition to his compulsions was the necessity to look the other person straight in the eye while pressing down the fire. If he had his obsession while he was passing a lamp post, he had to walk around the post continuously and to speak his formula ("Everything will be well, nobody will be destroyed by fire," etc.) until he succeeded in extinguishing the fire. He was very revengeful, and if somebody inadvertently touched him he immediately had the urge to touch the other person several times. (The patient used touching as symbolical aggression). He had a general tendency to postpone every pleasant affair. He also refused to have relations with women, and rationalized this by saying that he must wait until he was deserving of them. If he decided to purchase a hat, he was immediately beset by the thought that he could buy a hat only under the condition that he had no "bad" thought while buying the hat. He then had to concentrate for hours on what had happened in his mind while he was engaged in buying the hat. Finally he would decide that the best choice was to avoid taking chances and not to wear the hat at all.

He did not like to write letters because certain letters or figures had "evil" associations, i. e. were associated with the idea of death. He was

unable to finish certain books because "bad" thoughts occurred while he was reading them. He used books as oracles, and was looking constantly for good and bad signs (*omina*) for his future.

The analysis of this case was extremely difficult because the patient prohibited himself to talk about certain topics. These prohibitions were like retreat skirmishes, attempting to delay the "enemy's" (the analyst's) progress. He insisted that he be freed from his countless vows and prohibitions before he would consent to talk about his case. However, during the treatment "bad thoughts" occurred in reference to his physician. The person of the physician became taboo, and the treatment was abruptly discontinued.

This case is not an exception. Many compulsion neurotics give up their treatment after they have involved the analyst in their system of taboos. Even the most consistent patience often fails to secure the compulsion neurotic's cooperation. Many of these patients approach the physician with a kind of blackmail in order to force him to continue treatment without their cooperation: they threaten suicide unless they are treated.

E. Theft

CASE XVIII

A sixty-four-year-old man had committed a harmless theft, for which he served an eight-day jail sentence, when he was fifteen. His whole life seemed to be influenced by this experience, and many years afterwards he was self-conscious and had the feeling that people might know of his past conduct. He suffered from *ereuthophobia*. Although he realized that the whole thing was not worth his worry, particularly since he had atoned for his sin or rather for his juvenile error, his logic was powerless against his feeling of guilt.

Analysis revealed that the sin which he was unable to forget was a sexual aggression he had once committed against his mother while she in her sleep apparently mistook him for her husband.

F. Death Wishes

CASE VI

A Viennese lady was obsessed by the melody of a popular song "I am a little widow and used so much to kissing that I can't do without

it." The patient, who was married, expressed in this obsessive melody her unconscious wish to become a widow.

CASE XVI

One patient, aged 53, mother of two sons, suffered from a touching compulsion since the age of fifteen. She must touch all objects twice otherwise a member of the family would die. Now through a new death clause, her illness has developed into a severe dilemma. At first her obsession ran as follows: "Unless you touch that object twice your older son will die." The counter-clause stipulated: "If you do touch that object the younger son will die." We see that one child was to die anyhow.

CASE XVII

A thirty-two-year-old man had the obsession that his nose was ugly. He mitigated the resulting inferiority feelings by avoiding public places and by nervous, grotesque head movements. His dressing and washing were strictly regulated by an elaborate compulsion neurotic ceremony, and he also had compulsions to touch certain objects (*folie de toucher*) or to knock on them.

A "death clause" which, peculiarly, concerned his governess, a sixty-year-old spinstress who had been living with the family for thirty years, enforced his compulsions. The "death clause" was expressed in this way: "I must touch this object, otherwise the governess will die."

The patient's conscious attitude toward the governess was one of love and devotion. Nevertheless, when the elderly lady returned from a visit to her sister, he addressed insinuating and mocking remarks to her. "Where have you been? Did you really see your sister? One may believe it or not." He rationalized these remarks with the claim that he feared "something might happen to her" during one of her absences, and that if something did happen he would not survive the shock. The governess meant more to him than anything else in the world, more than his own mother.

During one of his railroad trips to Vienna he was seized with a compulsion to leave his sleeping compartment and knock at the door of the adjoining compartment. He realized the urge was nonsense and might cause a scandal, but the "death clause" insisted: "Unless you knock, the governess will die." He had no choice. He must save the beloved lady. In his despair he used a "counter death clause": "If you do knock at the

door your mother will die." The counter-formula proved too weak. He trembled, but in his desperation he touched the door of the next compartment lightly with his finger tips. He touched a few more doors and knocked on them gently, making no more noise than one might make by accidentally brushing against the doors while walking towards the washroom.

When he returned to his compartment he was tortured by doubts. Had he averted the catastrophe? Should he repeat the procedure? He did repeat the act, and, involved in all the excitement, he spent a sleepless night.

Through analysis this "meaningless" compulsion became meaningful. The patient's father was a very efficient business man who cared little for the higher things in life. He was a "ladies' man" who, after business hours, had affairs with women in his office. His mother, a fine and erudite lady, was interested in literature and art. A distinguished politician, who was also a well known Don Juan, sometimes visited her. It was rumored that the relationship was not entirely platonic.

Analysis ascertained that the patient completely annulled the love relationship between his mother and the politician. However, the secret was revealed very clearly by dreams and symptoms. His mother travelled extensively. Once when he was fourteen he was sent to the country while his mother went away on a trip. He knew that the politician was also leaving on a trip. Mother had a pullman ticket—and the politician always travelled in a pullman. The boy wondered if the two would spend the night together. He wanted to follow them, to knock at the door, to surprise them and to avenge the family's honor by killing the man.

His doubts concerning the governess were imitations of this original doubt. "Where have you been?" was a question which he had wanted to ask his mother. The unasked and unanswered question turned into doubt and compulsion. The governess proved to be a substitute for the mother. In fantasy he purified his mother's past. It was—strangely enough—the governess's conduct which he suspected. In his compulsion neurosis he attempted to solve the conflict of his life. He fulfilled his suppressed impulse, secured the desired certainty and dispelled all doubts. He knocked at the door in actuality; in a daydream he rushed into the compartment and took revenge, slew the seducer. The touching compulsion was in the service of doubts. He wanted certainty. "What I touch is present, is true." He was seeking the truth.

An unsettled conflict was the root of his compulsion neurosis. It

involved the doubt of his mother's moral virtue and questioned the legitimacy of his own origin. ("Am I my father's son?") His nose obsession symbolically expressed his guilt and inferiority feelings which had been developed by the family complex and his criminal ideas.

CASE XIX

A middle-aged physician reported that his compulsion neurotic symptoms began to develop when he was thirteen. Constantly he was forced to compare himself with one of his schoolmates and to do the exact opposite of whatever the other boy did. The compulsion commenced when his friend, whose mother had just died, came to school dressed in mourning clothes. The patient was seized by the idea that he must wear light clothes otherwise his mother would die. The tendency to do the opposite of what the other boy did spread and affected all of the patient's activities. He was brilliant in those subjects in which his friend failed; and he failed in those subjects which were easy for the other boy. When his schoolmate wore his hair parted, the patient combed his hair straight back. He was driven by the idea that he must be different from his friend in every respect to prevent the death of his own mother.

CASE XXV

A forty-one-year-old engineer, who had been neglected by his father and treated as an outcast, wished the death of this parent. Once his father became ill and a physician was called. The patient asked if his father's condition was serious. The doctor answered that it wasn't. The next day at 1 P. M. while the patient was in his office he received an urgent call to come to his father, whose condition had grown worse. The son, however, did not deem it necessary to hurry, and, besides, he "could not interrupt" his work. His rationalization was typical of the kind we find frequently in compulsion neurotics: "Did not the doctor say that there was nothing to be worried about?" He decided to go home at 2 P. M. Of course, his unconscious wish was that he would arrive too late. (In many of his day-dreams he wished his father to die, but he did not think of witnessing the death.) He did not arrive at home until 6 P. M. His mother and his dying father had been anxiously waiting for him for five hours. At about 7 P. M. his father opened his lips as if he wanted to say something, but he died before the words came. The son ever after wondered what his father had been about to say. If only he

had been home in time, he could have called the physician, the father's life could have been prolonged, saved.

His compulsion neurosis proved to be in the service of self-punishment. He suffered from a "manie de perfection." For hours and days he engaged himself in repeating the same things. Thus he imitated his behavior of the fateful day. Then, too, he had been "unable to interrupt" his work. The importance of this neurotic guilt became clear in the course of the analysis.

In his dreams many numbers appeared which at first could not be interpreted correctly, particularly as the patient's associations failed to offer satisfactory explanations. In one of his dreams a prisoner had the number 167. After the secret of his neurosis was discovered, it was easy to discover the patient in the person of the prisoner, and to comprehend that "1" corresponded to the time he received the message, "6" to the time he arrived at home, and "7" to the hour of his father's death. In another dream a train was to leave at 6:30, but when the patient arrived at the station at 6:55 the train was still waiting.

An independent analysis of dreams allowed the analyst to read the dreams of this patient like installments of a novel, and to follow the leading ideas which finally offered the solution to the case.

In his compulsion neurosis the patient attempted to "objectivate" his main conflict. In order not to see those conflicts which filled his heart with grief and caused him to crave for a self-inflicted death, and in order not to compare the assets of his life with the liabilities, he saw himself surrounded by drawings and figures which he was forced to revise and check, so that they might be rendered as perfect as possible. The analyst's task was to destroy the objectivation and to lead the patient back to the first object from which the illness had developed. The main resistance offered by the patient was his resentment towards any act on the part of his analyst which would reveal his relationship to the original object (father) and destroy the neurotic ekphorism (projection).

G. Suicide and Murder

When we study a patient's attitude towards religion, we are often baffled by the power of his self-punishing inclinations. Sometimes we have the impression that he is following the formula, "You must never be happy." Most patients of this type have lost their sense of happiness. They are candidates for suicide, but lack the courage to commit suicide,

just as they are criminals without the courage to commit crime. In their sexual attitudes, attractive partners appear as unattractive; the entire sex life is "neutralized," that is, barren and unappealing. They refuse to accept happiness today because at the beginning of their compulsion neurotic "careers" they were ready to pay with the death of other persons for their own happiness ("death clause"). At that time their formula was: "When your father (mother, or other person) dies, you will gain happiness". In their symptoms they are anxiously trying to prolong the life which they have endangered, and since in their minds happiness is linked with death they also postpone the time of their own enjoyment.

Suicide ideas in compulsion neurosis are quite frequent, while suicide attempts conspicuously rare. Compulsion neurosis is an illness in which the life instinct is struggling with the death instinct and in which the death instinct usually is overcome. Suicide ideas become temporarily more active when the unconscious sexual cravings are frustrated, or when the unconscious criminal tendencies grow stronger.

It is also remarkable how few compulsion neurotics become victims of serious physical illnesses. One would think that compulsion neurosis offers a certain immunity to physical illness. This is all the more impressive as it is known that many compulsion neurotics endure severe hardships in pursuance of their compulsions, that often neither cold nor rain prevents them from carrying out their ordeals, and that many of these patients do not bathe or wash for years. The cleanliness mania of the compulsion neurotic has very little in common with the sense of cleanliness seen in the normal individual. Many of the compulsion neurotics suffering from washing compulsions are in reality rather dirty and may not wash parts of the body at all. In this way they keep the doubt as to the efficiency of their washing always open.

CASE XII

A twenty-nine-year-old teacher was obsessed with the idea of killing her stepmother. The motive for the impulse at first appeared very obscure for the lady was said to be very closely attached to her stepmother. Analysis proved that the patient, who was always prim and obviously reserved towards men, and who was emotionally attached to only one man, her brother, had been, at the age of twenty-five, influenced by her stepmother to sever relations with a fellow teacher. Her thwarted suitor soon married another girl. A few months after the patient learned of the marriage her illness appeared. At first, it was a

brooding compulsion which forced the patient to spend hours thinking of insignificant details of her past. One day she dreamed that her lost lover and his wife were in bed. She awakened and heard herself shouting, "The stepmother is guilty!" After that she was unable to free herself of the thought she had so loudly expressed. Soon ego-foreign criminal ideas towards her stepmother began to develop. The patient's conscious attitude towards the elderly lady, it must be emphasized, was that of exuberant love and deep friendship.

CASE XIII

In another case an aunt played a role similar to that of the stepmother mentioned above. A thirty-five-year-old man whose sexual fixation towards his aunt was proved by analysis, was obsessed with the idea of killing the aunt.

In cases of this type we always find the conflicts more poignant when the libido shows an alternating fixation. If a relative, who is an object of the patient's sexual desires, succeeds in preventing a shift of affection towards a non-relative, strong hate reactions towards the offending relative usually ensue. Then Oscar Wilde's "Each man kills the thing he loves," becomes more than a poetic phrase. A patricide idea may be an expression of the wish for freedom from an overstrong father fixation, or a jealousy which does not permit the patient to share his father with other siblings. The son who loves his father most may be the first to kill him. The motive may be the latent homosexual fixation, or the "inverted Oedipus complex," which can be put into the words: "I hate you because I love you although it means my ruin."

In analyzing such conditions we meet very little resistance on the part of the patient. It is rather impressive to note how much easier the patient finds it to confess criminal impulses than sexual impulses. Perhaps it is because putting criminal wishes into words (such as "I could kill that man") is less socially embarrassing than verbalizing sexual desires.

H. Pan-criminality

CASE XV

A forty-two-year-old lawyer feared that because of his professional inefficiency he might be responsible for human suffering. He also had the obsession that he was involved in crimes. Whenever he read about

a crime his first reaction was that he might have been connected with it. A complicated chain of conclusions usually followed as he tried to discover how he might have been involved. Analysis showed that he believed in the omnipotence of his thought. After his two brothers, whom he had wished to die, passed away, his belief in his extraordinary mental powers was strengthened considerably. Later his mother, whose death he also desired, committed suicide. The patient, in his compulsion neurosis, was master over life and death of his fellow men. He identified himself with God and Satan and was afraid that his anti-social ideas would produce death and destruction throughout the world. Hence his strong feeling of being involved in various crimes.

We often find compulsion neurotics apprehensive lest they be taken for swindlers. They overcompensate by hyper-correctness and hyper-conscientiousness. Their doubt is justified to a certain degree because they are constantly exposed to unconscious criminal tendencies.

Primitive thinking causes many patients to believe in a kind of "mystical infection." Everything related to the patient's complex may become taboo. If he harbors criminal ideas, any conscious association with death, blood, murder, red color, red tie, a person who wears a red tie, the chair on which he happens to sit, the room and town in which he lives, is taboo. This "chain formation" is shown very distinctly in compulsions constructed around phobias.

Many obsession and compulsions progress steadily, increasing their involvements and elaborations, until finally, their victim is overwhelmed by them, as by an avalanche. During the treatment this condition represents a serious handicap. By developing new compulsions daily, the patient is able to work against his analysis and to keep the analyst racing against a self-perpetuating current.

1. Incest

CASE IV

A twenty-six-year-old girl suffered from the obsession that her breasts were too large and too pendulous. Severe depression resulted. Analysis proved that the patient's concern about her breasts was only a pretext, and that the real cause for her depression was a deep-seated feeling of guilt. At the age of seventeen she had lost her virginity through intercourse with her own brother. The symptom appeared a short time after her brother had married. It is worth mentioning that in the patient's presence her brother praised the beauty of his wife's breasts.

CASE VIII

Fifteen years after her son had committed suicide, a woman chanced to be reading a book by Freud. As she became engrossed in a passage about early sexual traumas, she was excited, for suddenly it dawned on her that she had once played with the penis of her son. Was it once? Was it several times? She could not recall. A severe mental disturbance followed. A psychiatrist-whom she consulted was faced by a dilemma: should he accept the patient's recollection and increase the patient's pangs of conscience? Or should he consider the recollection as false? He decided it would be better to talk the patient out of the whole thing. He declared that the recollection was an illusion created by her reading.

The patient accepted the explanation and appeared placated. However, shortly afterward, she was beset by a peculiar recollection compulsion. "What was the name of the doctor who treated me when I was a child?" She wrote home, learned the name of the doctor, and was calmed. But not for long. A few days later a new question dominated her thoughts: "What was the name of the tailor who used to live on my street?" One recollection compulsion followed another.

CASE X

A twenty-three-year-old girl suffered from the compulsion to hold her hand in front of her face whenever she was in company. She also was unable to speak in the presence of her father and had various other obsessions and compulsions.

The analysis revealed that when she was eight she frequently slept with her father. One night her father attempted an immission and she experienced a strong orgasm. She came from an aristocratic family and enjoyed superior education. But when she was thirteen her moral conduct was deplorable. She was a regular harlot, had affairs with men in parks, doorways and basements. At twenty-three she was looking back to an adventurous past. But she was frigid. None of her lovers could really possess her. In masturbating she imagined that her father finished the act he had left unfinished in the past. The analysis showed that all her affairs were but preparations for the fictitious goal of her life, to become the sweetheart of her father. She was small and tender and preferred big and strong men who were distinct father images.

CASE XX

William, an American of Russian descent, complained that since he was twelve, he had been unable to do anything that he could really enjoy. His obsessions interfered with whatever he wanted to learn or achieve. He was jealous of his older brother who at first was a successful writer but later failed and gradually became more and more destitute. It was not until the decline of his brother occurred that he was able to rally himself to overcome this pathological jealousy. But soon he transferred the complex to another brother, seven years his junior, whom he was raising. First he tried to tyrannize the youngster and to show his own superiority. Among other things he did not allow the boy to eat candy. He became enraged when an old servant maid secretly gave candy to the boy. Shortly thereafter his first obsessions developed. One of his outstanding obsessions was that he might become homosexual; another was that he would be intensely jealous.

A new impulse was given to the jealousy complex at this stage. He developed the idea that his sweetheart and his brother were having an affair together. This obsession began to dominate his life and gradually became a symbol of all evil influences. He was unable to pass a threshold with this thought in mind, so he had to force himself to think of "harmless things" such as his sister's girl friends or the like. Obtruding thoughts of an affair between his sweetheart and his brother compelled him to repeat many of his actions, to retrace his steps, to turn back from thresholds, and to do many other annoying things for the purpose of eliminating the "evil" idea and securing a reliably "clean" mind.

All possibility of enjoyment was destroyed by the obsession. In despair he mentally offered all his sister's girl friends to his brother if he would only "keep his hands off"—mentally—from the patient's sweetheart. But alas! All was in vain. Whenever he kissed the girl his brother would come to mind and disturb what should have been a pleasant experience.

Analysis revealed that the brother idea was a result of displacement, and that another strongly charged idea was hidden behind it. There had been some homosexual experiences with his brother that could have partly accounted for the intrusion of the brother's image into the patient's mind during his courtship. But a more careful investigation, which was carried out despite strong resistance, disclosed that intercourse with his sister and the defloration connected with it, an experience occurring early in the patient's life, was the relevant trauma primarily responsible for

the obsession. This basic guilt started the conscience reactions rolling. "My brother has an affair with my sweetheart" was a substitute for the recollection he wanted to keep out of his mind: "I had an affair with my sister." This distorted version was a compromise between his wish to recall and his wish to keep it out of his mind. We can understand his repetition and going-back compulsions as expressions of his desire to "repeat" the past experience; his threshold symptom as his fear to overstep moral boundaries; and the whole neurosis as a method of self-punishment for his evil deed. He did not want to remember the dreadful incident, so his life became filled with obsessions and compulsions which offered him a suitable way of not recalling. At the same time by maintaining a perpetual flow of his seemingly nonsensical compulsions he kept the recollection alive—in symbolic disguise—as the target of his persistent combat. This mechanism is typical.

CASE XXIV

More than twenty years ago a physician came to see Stekel and complained in tears that he had been indulging in an unfortunate passion for several years. He had been putting his penis into the hand of his six-year-old daughter. His wife had discovered him. An unbearable situation had developed. Now he wished to be treated to overcome his dreadful passion.

Stekel ordered that the child be removed from the house for several years, but the mother objected. Fifteen years later Stekel had an opportunity to see the girl. She was suffering from a compulsion neurosis. She reported that she had received a strict religious education since she was six years old. A bigotted governess took care of her until she was fourteen years of age, and then she was sent to a convent. She mentioned nothing about her experiences with her father, though they must have occurred hundreds of times. She wished to be hypnotized. After three sessions she discontinued the treatment.

COMMENTS

Universally, mankind entertains criminal impulses which it is constantly obliged to keep in check because of the demands of culture. While the great majority of people is able to do so successfully, there are two groups that fail to achieve adequate repression or sublimation. One group is that of criminals who, unable to check their criminal impulses, give free expression to them in form of overt anti-social acts. The

other group is represented by neurotics who are only partly successful in surpressing their anti-social impulses. Among neurotics, the compulsion neurotic has the greatest difficulty in warding off his criminal impulses because they appear openly and he is forced to meet them in full light of his consciousness. The developed neurosis has for its aim the preservation of his moral integrity; his weapons are magic, compulsion, annulment and ceremonial behavior.

These criminal impulses run the whole gamut of and parallel to the entire domain of criminality except that they do not find overt expression, being held in check by the neurosis. Compulsion neurosis affords the patient various means of safeguarding himself against his criminal impulses. In his symptoms he may

1. Carry out the anti-social act symbolically, in reduced form, by displacement. Or
2. His symptoms may caricature a contemplated crime. Or
3. He may repeat symbolically an act he had once committed and add to it a correcting element as a concession to his superego.

It is characteristic of all these patients that they cannot forget their past and that in their neurosis, crime, guilt and atonement fuse to a symbolic entity.

16 West 77th Street,
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THE AUTOMOBILE ACCIDENT—A MEDICAL PROBLEM*

DANIEL BLAIN, M. D., NEW YORK

Recorder's Court, Detroit, Michigan

The attention of this Association is called again to the annual crop of death disaster, injury, and economic loss which has been the constant companion of the great progress in transportation of which we are so proud. Our geniuses of the motor industry have given us power, speed and comfort, but unwittingly have proceeded in advance of the body-mind machine to guide safely these quietly purring machines of death. Frankenstein of Detroit has unleashed destruction beyond the wildest dreams and automobile accident death, injury and repair bills constitute America's greatest peacetime menace. Between 30,000 and 40,000 die annually—over one million are injured annually and the economic loss is one and one-half billion annually. No great progress has been made.

Only one nation has had a disease named after it. In point of numbers of deaths, disability, human misery and expense, syphilis has been surpassed. The menace is peculiar to this country because of our great automobile industry, and we feel it fitting to suggest that this great scourge to our health and happiness be called The American Disease.

The problem is not new, it is not part of the great national emergency. But it is a chronic condition belonging properly in the realm of the nervous and mental division of our public health program.

Two years ago this subject was brought to the attention of the American Psychopathological Association and it was voted to appoint a committee "to study ways and means of participating in the psychological war against automobile accidents."⁽¹⁾ The joint authors of this paper have worked informally on this committee, the great preponderance of work being done at Recorder's Court in Detroit. Here is the leading center in the United States for study of the problem. Here physical examination, psycho-physical tests, psychological tests and mental hygiene examination under a full-time psychiatrist and his capable assistants, taking from six to eight hours per patient, give a com-

* Read at American Psychopathological Association, Atlantic City, June 9, 1941.

plete picture of the offender, and furnish statistical evidence of convincing nature. No similar legal medical set-up exists in the East.

What are the facts we can vouch for so far? Major elements are driver, car, road and pedestrian. Statistics⁽²⁾ prove that defects in car and road with which the driver can not adequately deal are negligible. The problem is, therefore, a human one—the driver and the pedestrian must take all blame.

In the study of traffic offenders certain groups stand out. These may be named as feeble-minded, alcoholic, mentally diseased, repeaters and single offenders.

A study was made of 305 feeble-minded drivers with intelligent quotient below 72.⁽³⁾ These were found in the first 1,000 cases referred to the clinic. All these cases were sent because they were repeated offenders, showed physical or mental deviation or there was a history of confinement in a mental institution. We see, therefore, that 30 per cent of these 1,000 cases were mentally below 72. The causes of arrest were negligent homicide, reckless driving, speeding, leaving the scene of an accident. They have a tendency to run through red lights; they tend to be aggressive. There were many chronic offenders. One-half had a record of five or more traffic arrests; eight had over 50 traffic tickets and one had 150. One would expect from the rate of intelligence in the Army Alpha Tests that two or three per cent of drivers would be feeble-minded. The much higher number in Traffic Court indicates that these people are much more likely to get into trouble. In a control series it was found that many feeble-minded drivers do not get into trouble. Those who drive in less congested areas as in back country districts, who follow the same route daily, who are not victims of other psychiatric conditions, who do not drink, do not as a rule make particularly poor drivers. In dealing with feeble-minded individuals, therefore, one has to consider the person involved and make special decision in each case.

Alcoholism, "the drunken driver", is by popular consent the greatest cause of trouble. Yet the Travelers Insurance Company found only 15 per cent of accidents due to alcohol. It is of course the easiest to spot definitely and is the greatest advertiser of itself in the world.

One hundred cases of alcoholic traffic offenders were studied recently.⁽⁴⁾ These were found among 255 consecutive cases in the clinic. Here 39 per cent of references were alcoholic, while in an earlier series of 500 cases 51 per cent were alcoholic. This cannot satisfactorily explained unless the referring agencies were picking different types of

cases. It also shows the questionable value of statistics in small series, impossible to control adequately. Just as the whole traffic problem is not improving, so most methods of dealing with the alcoholic offender seem futile.

The whole role of alcoholism is vague, for the number of "drunken drivers" is, of course, small, for most violations are for parking, ticket violation and other minor misdemeanors. The offense, however, is usually serious. The facts are difficult to get for often offenders are not charged with "drunken driving" because evidence would not sustain the charge or they showed no abnormality at the time of arrest and the officer did not check their breath or chemical tests of body fluid were not done. Another factor also is the fluctuating attitude of courts in the matter of penalties and the corresponding difference in behavior in the arresting officers. When the court has been harsh with alcoholic drivers the arresting officers are inclined to take the law into their own hands and be lenient. Or if the court is lenient the officer will not bring a case to court unless the evidence is convincing for fear of a reprimand from the judge for dealing unfairly with the driver.

An analysis of the group shows about two-thirds were married, the economic distribution is too wide to point to any conclusions, twenty-two per cent had a history of gonorrhea in the past and ten per cent a history of syphilis as well, two were paretic. Age distribution indicates a similar curve to that of the population of Detroit, with a slower tapering off between the ages of 40 and 50. The alcoholic driver is not necessarily a young driver. The chief offense was reckless driving—50 per cent, while 16 per cent were accused of driving while drunk; five were hit-and-run drivers.

An interesting fact about alcoholic drivers is the scarcity of insignificant offenses. There were very few cases of defective brakes, driving through red lights, etc., which are so common among the feeble-minded.

The alcoholic is the most common chronic violator. The range of previous arrests is from 0 to 50, 112 being the highest. Chronic alcoholism comes first in number of arrests, mild alcoholics second, and questionable alcoholics third, in order of frequency. Only nine out of 100 cases had not been arrested before, and the remaining 91 had been apprehended by officers of the law and brought to court 789 times! This was before the clinic started.

The intelligence level of this group was not unusual.

The psychiatric diagnoses were striking. Fifteen were Chronic Al-

coholics with Deterioration—none of whom should have been allowed to drive. Thirty-three per cent had psychopathic personalities, inadequate, ego-centric or unstable. Three had paresis.

Frank mental and neurological disease was studied in another series of 100 cases.⁽⁵⁾ One each of involuntional melancholia, manic depressive psychosis, and suspected traumatic psychosis, and two with schizophrenia were found. Neurological signs suggesting pathology such as reflex irregularities, amnesia, asymmetry, ataxia were found in 76 of these cases. Some of these findings were extremely mild.

In addition certain emotional elements were found which might have important bearing on these accidents. Particularly in the group charged with reckless driving which constituted 56 per cent of the cases, 15 per cent were alcoholic, eight were chronic psychopath inadequates, nine egocentric, sixteen impulsive, eighteen inferiority feeling, thirteen judgment defects—only one had no demonstrable psychopathy. The neurological signs and psychiatric traits found in such large numbers must be compared to those found in any cross section of the population. Their relative importance must be evaluated in connection with the way these cases were chosen. It is very evident, however, that offenders in Traffic Court have much the matter with them and much need to be done about it.

As previously reported⁽⁶⁾ about four per cent of drivers are known to be repeaters or accident-prones. They account for roughly one-third of the accidents. These may be eliminated with excellent results as was accomplished in commercial vehicles where serious efforts were made. There still remain 96 per cent of the drivers who must be dealt with if we are to have any appreciable effect on the remaining two-thirds of the accidents.

The lack of real knowledge about the picture is an important factor. We do not know how many drivers are licensed, for some States do not require a license. We know of many diseases, bad habits and mental conditions present in those involved. We do not know what habits or traits are present in those who are not involved. We do not know the specific causes of most accidents.

Reference has been made⁽⁷⁾ to the normal individual. There is evidence that after we succeed in eliminating the alcoholic, feeble-minded and mentally ill as well as the accident-prone drivers there still will remain a very large number of people like you and me who consider ourselves normal yet who will some day have just one accident. Probably the greatest factor in automobile accidents is not the maladjusted or psy-

chopathic but the normal one-accident driver—because there are so many of him.

Much attention is devoted to the driver but very little to the pedestrian, yet he accounts for 44 per cent of deaths—when pedestrians are hit the accident is usually serious. Educational campaigns for pedestrian safety are common but not well coordinated, and often not psychologically sound.

The public is aroused but officials are still busy with more acute compelling duties. A Governor of an Eastern State was interested enough to ask us to lunch, but after listening to a presentation of the subject said: "It is really a medical problem. Get the doctors interested and starting something and I'll be glad to help."

Yes, it is a medical health problem and the doctors will have to start something better than now exists. Current reports indicate that this year will probably be the most serious year from the standpoint of motor vehicle deaths and accidents than has ever occurred in the history of this country. It can be seen that propaganda to control speeding, to control traffic violation, and to control pedestrian conduct has been carried out in various manner in various communities, but has failed to serve any specific purpose. The right method has not been found or else sufficient time has not elapsed for the youngsters who are learning safety to overthrow the mortality tables.

Your committee would welcome suggestions and some plan for financial backing to undertake more studies to influence people in the right places. We would like to:

1. Study and recommend more adequate legislation covering licensing in all States. "Who should drive?" is a simple question with devilishly complicated answer.
2. Plan and carry out more research into fundamental causes of driver and pedestrian problems. We suspect human nature rather than disease to be the greatest obstacle.
3. In light of new knowledge, work out a more successful plan of attack with medical men playing the role in this public health program.

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OBSERVATIONS ON THE HANDLING OF PROBLEM DRINKERS

with Special Regard to Some Popular Misconceptions

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It is only in recent years that the problem of drinking has been approached with an attitude of understanding. Previously this was the domain of the reformer! Liquor was considered a curse and the drinker a social offender, who could be won over to the right ways of life by moral suasion, if at all.

It is not altogether surprising, therefore, that there should still persist—and rather generally, too—certain glaring misconceptions regarding the drinker and his difficulties. These misconceptions indicate an underlying feeling of indignation toward the troublesome imbibor of alcohol—an emotional rather than a detached attitude toward his problem. The drinker is thought of as a moral weakling, who somehow could pull himself out of his miserable state by his own bootstraps if he just had sufficient sense of responsibility to want to do so. Or, on the other hand, he is typed in the fatalistic fashion very much like a victim of some strange and incurable disease. Thus we hear certain people referred to as hopeless alcoholics, just as though alcoholism were a pathological entity.

People demand of the offender that he “drink like a gentleman” and it is not unusual for the community to throw him into jail if he fails to do so. They advise him to take a “cure,” as if to rid himself of a habit-forming drug. They scold, nag and upbraid him for his dependency on alcohol, express ultimate horror if he drinks in solitude rather than in company, and above all they reason with him that his drinking is bad for him as though this were something that he had never gotten around to understand by himself.

Of course, the behavior of the troublesome drinker is such that it

usually involves others in a direct fashion. To his family he is a trying and often tragic problem; to the community a nuisance and sometimes a menace. Hence it is easy to understand the emotional involvement upon which the general attitude toward the drinker is predicated. It is not difficult to appreciate the resentment that relatives feel toward the drinker, nor even the drinker's own acceptance of the hostile attitude directed toward himself and his consequential feelings of guilt and social inadequacy.

It is astounding, however, to observe the extent to which even trained professional workers are carried far afield by the popular misconceptions regarding drinking. They, too, grow exasperated at the drinker, lecture him and remonstrate with him for his disability, and too often revert to what might be called the folk-lore of this subject.

For example, it is not at all unusual for a good family physician to say to his patient, "Don't you *know* you shouldn't drink? Think of your wife and children"—as though that alone should be enough to set him straight. Or he will exhort him to "pull himself together", the implication being that abstinence is altogether a matter of will-power, which he must exert to overcome his problem. If this were true, none of the individuals with whom I have worked would have found it necessary to seek help, inasmuch as one of the main conditions of my acceptance for treatment is that the drinker, himself, rather than his relatives, friends, or physician, earnestly desires to cope with his problem.

To be sure, there are drinkers who do not want to be helped and have not the insight to see that they need help. I am not referring to these here; they are at a stage where they are not yet ready or able to respond to re-education. But I have found many who are willing to do almost anything conceivable to find a way of living without alcohol. Some had taken one type of "cure" after another, had looked into any theory or philosophy that promised hope. And their zealously and eagerness to cooperate was often almost touching. These men most definitely did not want to drink. They wanted very deeply to live as other people live. To tell such a man that he is lacking in will-power is not only erroneous but unfair. He can no more stop drinking than another could snap out of an anxiety neurosis or some other mental state just by making up his mind to do so. Also, such an exhortation is highly detrimental. The drinker is discouraged enough as it is with a sense of failure and inadequacy in having thus far been unable to "fight off liquor." What he should be told is that his drinking is a sign of illness, not moral weakness; that the problem is not one of "fighting" alcohol—

in fact, the cards are stacked against him when he attempts to do this; that there is help for him, but the way lies in another direction.

When a man refrains from drinking only by sheer exertion of will, he is still a man with a severe drinking problem, regardless of his sobriety. By concentrating on not-drinking, by his very preoccupation with the problem, he is, in fact, actually inducing a state of mind which is self-defeating. Anyone who has had any contact at all with drinkers realizes the ineffectiveness of "going on the wagon." What is less understood is the reason why. Actually, by constantly keeping aware of the fact that he must not drink, the hapless victim becomes, if anything, more alcohol-minded. Despite his good intentions and sincere efforts—even because of them—alcohol is still playing an important part in his life. Only when the absence of alcohol causes him no particular awareness, can he be considered freed from his drinking problem.

Those who advocate the exertion of will overlook the true nature of the drinking problem. They fail to recognize that drinking is merely an outward symptom of deeper personality factors. They fail to see that alcohol cannot be fought; the attack must be on the underlying emotional condition. They do not understand that constructive help lies, not in "breaking the habit," but in re-educating the whole individual and developing in him more adequate attitudes with which to meet all his life-situations.

Some might argue that they know of people who after years of drinking have made sudden and lasting resolves not to drink. I do not wish to minimize their achievement, but this to me is proof, not so much that they are strong-willed, as that they evidently possessed the remnants of a personality organization that enabled them to function without alcohol.

The idea that alcohol can be fought off is closely related to another prevalent misconception and that is that there is a kind of physiological craving for alcohol. Presumably it is this craving which causes men to "fall off the wagon," to suffer a relapse in their exertion of will and to throw to the winds the kindly advice of their closest friends and relatives.

If there is such a form of craving at all, it exists only for a short time after an individual has been drinking large quantities of liquor and is still in a highly nervous state. I say this because with just three or four exceptions, in all my experience there has not been a man who has not of himself refused his last drink within seventy-two hours after his arrival at my farm. And the longest of these exceptions required only

five days. Of course, these were all individuals with an active desire to be helped and to help themselves. However, as no man is ever denied a drink if he feels that he needs one, we may assume that the request for drinks would persist over a much longer period if physiological craving were a reality.

I have found, moreover, that sedatives of any form are rarely, if ever, necessary to facilitate the tapering-off process; again contrary to generally accepted practice and belief. It has been my experience that these first critical days can be met successfully simply by a process of moral and physical upbuilding. The drinker is, as a rule, fearful, resentful, self-abased, when he comes—physically weak and mentally at low ebb. He has been upbraided so long for his lack of willpower and the misery he has caused his family, that just to be able to talk himself out to an understanding and objective listener, gives him the greatest relief. As he begins to see his problem in a new light and himself sick and in that sense not to "blame" for his situation, his feeling of guilt and self-reproach are greatly lightened. The force of example of the group he now meets contributes its part. He is infused with new hope and self-respect. It is inevitable that he relaxes. Add to this a friendly, easy atmosphere where alcohol is not dramatized by being arbitrarily eliminated, where there is no feeling of punishment, and much of the panic and resentment with which he came are dissipated. Proper diet, a wholesome outdoor regime, and physical exercise further induce normal sleep and appetite. He feels a new man, and does not so much give up alcohol as that he finds to his amazement that he simply does not want it. The truth is, that instead of a physiological craving for alcohol, there is a psychological need for release from tension. Once a drinker is relaxed and freed from his sense of guilt, and able to eat and sleep again, his need for alcohol automatically disappears.

It may be of interest to note here that this first phase of going off alcohol is so easily and rapidly accomplished that it often leads to a premature over-confidence which presents a special problem. After the first few weeks of living and well-being without drinking, there is a perhaps natural inclination on the part of some to feel that their difficulties are over; that there is, after all, "nothing to it." Even families are apt to be so impressed with a patient's improvement, as to share this mistaken view. One of the practical problems then is to convince them and the patient that his new kind of life requires further understanding, that he needs practice in adjusting to many kinds of situations before he will

be able to carry his new attitudes over and retain them in the nervous stress and strain of the competitive world.

Linked with the misconception of alcoholic craving is the notion that there is a definite type of individual who can be classified and neatly pigeon-holed as "alcoholic." In him, it is held, the mythical craving is something that goes on throughout his life. He is born that way, and is thought of as inheriting his craving directly from his parents or even a more distant relative.

An individual may, to be sure, inherit a certain nervous stability which makes him more vulnerable to strains and apt to seek ways of escape from them. But he does not inherit a "taste" for liquor, nor is he predestined to drink. No one is born an alcoholic and there is no such thing as an alcoholic type. What is more, anyone who drinks at all can develop a drink problem.

Intemperate drinkers are to be found both among the so-called normal and the abnormal. There are drinkers among the psychotic, the neurotic, and even those who are fairly well-adjusted to life. There are drinkers with introverted and drinkers with extraverted personalities. Nor is there any definite correlation with intelligence quotients or particular life experiences. Wherever one looks, regardless of race, class or condition, background or experience, there are drinkers to be found.

Many of these drinkers are in need of psychiatric care. Others—whom I like to designate as problem-drinkers—need psychological re-education. Some few, merely re-direction and reorientation. These last are problem-drinkers who do not exhibit—or only to a small degree—the emotional immaturity and faulty adjustment to life which characterizes many drinkers. I mention this here because there seems to be a general misconception that intemperate drinkers are necessarily poorly adjusted personalities, if not actually inferior or abnormal. A little observation would show this to be untrue. I have come across quite a number of individuals who drink excessively, yet are successful professionally or in business and often have a good home situation; who have met and carried responsibility. They are, by and large, normal, well-integrated individuals whose excessive drinking over a number of years—often because of social environment or the strain and tempo of their lives, has steadily developed a more disrupting effect. Such people usually do not require extensive psychological re-education but sometimes simply re-orientation which can often be accomplished in a comparatively short time. There have even been instances where a single interview has given such an individual sufficient perspective to enable him to re-

turn to effective living. It is from this class that some of those who are able to swear off successfully, of themselves, are recruited.

I number among the men with whom I have worked some of the finest I have ever met. Certainly there is no psychological group in which I would classify all of them. Their only point of likeness was that they all drank too much and could not stop when they wanted to. But here the likeness ended. As soon as I classify all blondes or all lame individuals as belonging to the same type, as lump together all who drink excessively.

Personally, I very much dislike the term alcoholic, primarily because it is not descriptive and gives undue importance to a surface symptom. In addition, it bears a connotation of stigma which is a carry-over from the old moralistic attitude toward drinking. That is why "problem-drinker" seemed to me a more adequate expression. It is gratifying to find that this term and the concept it implies is constantly gaining wider acceptance both in literature and common usage.

There are other misconceptions that militate directly against the handling of drinking problems. One of these is the idea that an older person with a long drinking record is more difficult to help than a young person. This is probably based on the theory that you can't teach an old dog new tricks. Actually, in my experience, the prognosis for a man in his 40's or 50's is often very favorable; if anything, more favorable than a young man.

It usually takes many years to build up a drink problem. When a youth in his 20's drinks excessively therefore, it may be due to a pathological condition or some personality defect against which psychological treatment is unavailing. Moreover, though an older man may have been drinking intemperately over a period of years, if he has a record of industry and achievement behind him, the chances are he has some constructive life-patterns and interests to which he can revert and about which his life can be reconstructed. A young man, on the other hand, who develops excessive drinking habits before he assumes the responsibilities of adult life, who may have drifted from one school to another, or from one job to another, with no serious purpose or direction, presents a far more difficult picture. In his case, too, the battle of life with all its demands is still ahead. He is, as it were, in the first-line trenches, where the casualties are heaviest; whereas the older man may be thought of as a war-scarred veteran who has survived life up to this point and has now reached the comparative safety of the reserves to the rear. Physical illness, mental disease, suicide, misfortune, may await the younger

man. It is a question how he will survive them. The older man—provided his scars have not left him with any physical or mental deterioration—has successfully emerged from all these life hazards. And as a rule, when an older man asks for help, it is because he has hit rock-bottom; it is a cry from the depths with him. Many men in their 30's, and even more so in their 20's, though they may think and profess they want help, do not actually mean it as deeply. They are sometimes just going through the motions for the sake of appeasement.

However, as always, one should not jump to conclusions and infer from this that the chances for a young man are necessarily unfavorable. There are youngsters whose drinking simply represents delayed adolescent revolt or poor family handling and who are just in need of a little direction and encouragement. There are many men under forty who are deeply serious about doing something to help themselves and have a very good chance of coming through successfully. There are older men whose physical deterioration or indifferent histories make them unpromising subjects for treatment. I have brought up this discussion only to refute the often expressed opinion that the older a man is and the longer he has been drinking, the slimmer his chances for help. In my experience his chances—if he wishes to be helped, and is in good mental and physical shape—are very good indeed.

Another popular myth is the general impression that the worst kind of drinker is the fellow who drinks alone. Why this should be I do not know unless the spectacle of the lone drinker conjures up pictures of a drug addict interested only in satisfying that fabulous craving rather than achieving the sociability that group drinking usually involves.

A man who drinks alone, to be sure, is apt to be a shut-in, retiring individual, sometimes enigmatic even to his family. But he has, as a rule, far greater inner resources than the gregarious, hail-fellow-well-met drinker. It has been my experience that it is often easier to help him, not only because there is more in him around which to build, but also because the factors causing his drinking lie predominantly within himself. With the gregarious drinker there are apt to be many situational factors which are difficult to control. It might be said that the lone drinker drinks to forget himself and the world, the social drinker to find himself and to build up an artificial world of his own. Non-drinking for the lone-drinker rarely involves a different set of relationships with the real world. He will always be an introverted personality who has learned to face the real world on those terms. The gregarious drinker, on the other hand, in whose social and perhaps even business life, liquor has

played an important part, is confronted with the added problem of adjusting to a host of situations with which his drinking has been associated.

The lone-drinker, moreover, is often what might be termed a compartment-dweller. That is, he lives in a mental house in which there are many rooms, any one of which he can lock at will. Once such a man is given insight into his drinking, he has the capacity to turn the key on that part of his life and say, "Very well. From now on I cut it out." And nothing will ever move that resolve. Here we have one example of the strong, silent man we hear so much about. Actually, he is often balancing upon a precarious mental tight-rope. For if ever he locks too many doors, there may not be enough rooms left for the sunlight of reality to filter in.

Again, a word of warning against generalizations. Many a gregarious social drinker has been helped successfully and his relationship to his environment adjusted without too much difficulty. Many an introverted personality has been found to be so self-involved, as to make re-education difficult. Deep psycho-therapy would probably be the only approach to these. Again, I present the above argument mainly to allay the popular misconception that he who drinks alone is necessarily a very, very bad drinker, and the outlook for him, therefore, very dark.

Another misconception that operates even more seriously against the successful handling of drinking problems is the notion that alcohol must be rigidly kept from a patient while in the process of treatment and that the patient must be confined in a strictly controlled environment. Yet restriction is just a matter of forestalling the issue. It is one thing for a person not to drink because he does not need to, and an entirely different matter for him not to drink because liquor is not accessible to him. Restraining a man or forcibly keeping alcohol from him through the use of drugs or otherwise, simply postpones his drinking. Inevitably he looks forward to the time when alcohol will be available again. Often he is overcome with a panicky feeling that he must have a drink at any cost. Most important of all, restriction sets up a resentment which blocks re-educational effort. There is no spirit of cooperation because obviously conditions of enforcement are not conducive to voluntary effort. This, I believe, is the main reason why institutional treatment is apt to fail so often; an opinion shared by many institutional directors with whom I have talked.

Restriction, because of the mental hazards it sets up, and because of the artificial environment it creates, is an obstacle rather than an aid in the handling of drinking problems. In cases of deterioration and psy-

chotic implications there is, of course, a need for institutionalization, but this often for reasons other than those related directly to the drink problem. When dealing with individuals having fair health, at least normal intelligence and an active desire to be helped, I believe that a free environment is not only advisable, it is essential.

Such freedom does not mean, of course, that a man may do just as he likes or that there is no discipline. But it is the group rather than the director which acts as the disciplinary force. And because this discipline is self-imposed, it is not resented as would be arbitrary authority from without. It seems a truth of human nature that restraint calls forth the worst in men, that they rise to the challenge of self-government. In proof of which I can point to countless cases who,—in a wide-open environment, where they were left completely unguarded, free to come and go at will (many having their own cars), where alcohol was not forcibly withheld but voluntarily eliminated—rose to responsible living.

It might appear on the surface that such cases must be the easy ones to help, but the fact remains that many who respond to and thrive under such an environment have a record of repeated institutional failure behind them. Doubtless much of the conviction that it is necessary to restrain drinkers is due to the fact that therapy so often still centers more around the terror of the bottle than the needs of the man. Not only have I found it practical to taper off a drinker by the simple expedient of letting him "say when" (under specially favorable and controlled conditions, to be sure), but I place so little emphasis on the alcohol itself that a man who may have been on the farm only a few weeks is often entrusted with the tapering-off of a newcomer. This is of course done under supervision, but the actual possession of a bottle in this fashion and the discovery that it holds no dread power, does more to impress a drinker that alcohol is no temptation than could all the exhortations to "leave the stuff alone," or walls or bars to prevent his getting it. In like manner, solo trips from time to time, to New York, Boston, and elsewhere, pay high dividends in personal confidence. And, I might say, such trial-flights are invariably successful even with those who have been at the farm only a short time.

How can this be? Though it sometimes seems incredible to outsiders, no miracle is involved, no honor system invoked, no deep-dyed power of suggestion used. The drinker is simply treated as an adult in an adult situation. The plain fact is, as I have pointed out before, that once a drinker's sense of guilt is lightened and he is feeling more relaxed, his need for drinking disappears and alcohol ceases to be an issue

with him. What has actually happened to him is that he has grown into a new state of mind. He knows now and feels convinced that he is not, as the old reformers would have told him, a slave to alcohol or the possessor of an irresistible craving. He realizes that, relieved for the time being from the tensions of his more complex home and social situation, he actually has no need for the artificial relaxation induced by alcohol. This knowledge and better understanding of the true nature of his drinking problem brings with it a release from a tremendous psychological burden. No longer is he someone apart from other people, socially inadequate and the victim of some terrible affliction. This is something that cannot be achieved when non-drinking is superficially or forcefully imposed. Why lock him up, when he will respond so much more constructively to freedom; when self-development—the only sound basis for “cure”—is alone possible in an unrestricted environment?

And a word as to “cure,” a term which, the reader may have noticed, where employed at all, is always in quotation marks. That people may be “cured” of drinking as they are of a disease is another misconception implying faulty basic concepts. Readjustment of the life of a problem-drinker, as we have seen, involves much more than abstinence from alcohol. Rehabilitation can be measured only in terms of the individual's continued ability to grow and to adjust to the constantly changing conditions of his life.

Much of the pessimism regarding drinking—and this seems to be shared by laymen and physicians alike—is undoubtedly due to the fact that too many so-called cures in the past have promised too much or have been too narrow in their interpretation. This is true whenever drinking is treated as an addiction that can be “broken” through an intensive application of enforced abstinence.

“Cure” should not be thought of as a static possession that can be neatly wrapped up and put away forever in the individual's moral safe-deposit vault. Although, to be sure, total abstinence is one essential objective, it is by no means the sole or most important goal. What interests me chiefly in my follow-up of a “graduate,” is what changes have taken place in all his attitudes and his way of life. Is he contented and happy; does he wake up in the morning looking forward to the day? How are his family relations? What of his business or professional progress? How does he handle new problems as they arise? What are his interests, both cultural and recreational? In other words, I want to know, is he living effectively and fully? If he is, he will no longer drink, not because he has been “cured” of drinking, but because he no longer

needs alcohol to face the realities of life. That must be the real goal in our approach to the drinker's problem.

I regret having had to bring my farm into the picture so often but it is the setting where I have observed many problem-drinkers and have put into practice the principles that belie the validity of many of the misconceptions treated above. The results obtained on this farm have demonstrated to me conclusively that drinking problems can be dealt with most effectively in a setting that is as nearly like a real-life situation as possible—a work-a-day world in miniature, approximating both the privileges and demands of the outside world, and allowing natural and frequent contact with it.

While numerous fallacies still prevail in the general attitude toward the drinker and his problem, it is encouraging to note that a more enlightened attitude of understanding is constantly growing. This is true not only among such professional workers as physicians, social workers, teachers and others but a trend in the same direction is also evinced by the general public. I frequently find this to be so in my interviews with the relatives of men at the farm.

This is hopeful because it is only through the allaying of old prejudices and misconceptions that we can hope to formulate, first of all an intelligent attitude toward this important problem, and next, a well-organized program directed toward its amelioration.

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THE INCIDENCE AND SIGNIFICANCE OF ALCOHOLISM IN THE HISTORY OF CRIMINALS

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AND

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Although the ultimate explanation of the causes of crime is largely dependent on point of view, there is abundant and increasing evidence that social factors in the background and heredity of a criminal are responsible to a considerable extent for the form which his behavior assumes. There is not a great deal of information regarding the extent of alcoholism among criminals and that which is available is not recent.

The statistical report of the Massachusetts Bureau of Labor for 1905⁽¹⁾ showed that 84 percent of the prisoners in correctional institutions had been confined because of the effects of intemperate alcoholic habits. The United States Crime Commission in 1900⁽²⁾ reported that 49.9 percent of prison inmates in the United States were induced to commit crimes by alcoholism. The Baumes Crime Commission⁽³⁾ reporting in 1929 on New York prisons showed that 65.5 percent of criminals under 25 years came from broken homes. Of these, 49 percent had been destroyed by the intemperate use of alcohol and 37.9 percent of the prisoners used liquor to excess. In Prussia, in 1880 the incidence of alcoholism among prisoners was 30 percent and this number increased progressively until in 1909, it was 45 percent. Among non-drinking criminals, the incidence of alcoholism in the family is high for in 1900, 42 percent of the inmates of Edinburgh correctional institutions had alcoholic parents. In 1909, 50 percent of the prisoners in England had alcoholic parents. In Paris in the same year, 28 percent in Vienna, 31 percent and in Germany 32 percent of all prisoners serving sentence came from alcoholic homes. The 1930 report of the

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United States Department of Justice⁽⁴⁾ states that alcohol is responsible for 80 percent of the anti-social tendencies necessitating the maintenance of jails and corrective institutions. There appears to have been a direct correlation between the amount of crime and the decrease in accessibility of alcohol at the beginning of prohibition according to the data assembled by Dayton⁽⁵⁾ who showed that among the criminal cases brought before the lower courts of Massachusetts between 1910 and 1923, *offenses against persons* dropped from 12,231 in 1917 to 8,377 in 1920 and in this year that type of offense was lower than in any of the nine preceding years. The offenses against public order dropped 47 percent from 179,582 in 1917 to 94,524 in 1920. The reaction from the low figures of 1920 began with an immediate rise but the figure of 1917 was not reached or exceeded for eight years until 1927, when 184,765 cases were listed. All types of offenses dropped from 206,517 cases in 1917 to 115,334 in 1920 which year is outstanding for the few cases coming to the courts of Massachusetts. The male prisoners in penal institutions at the end of the years from 1910 to 1933 decreased 54 percent or from 4555 in 1917 to 2084 in 1920. The 1917 figure was not equalled until 1925 and became higher after that year. The female prisoners in penal institutions decreased 60 percent or from 684 in 1917 to 268 in 1920. The numbers rose slowly after that time but never reached the 1917 figure. From 1929 onward (during depression years) they decreased again, and this was more marked for female prisoners than for males in the first year of prohibition.

The *exact* significance of alcoholism in the production of crime can be determined only by a study of the complete personality of prisoners who are able and willing to offer intelligent assistance but it should be possible to determine generally from statistical studies in what manner the alcoholic criminal differs from one who does not drink beyond a casual extent.

This study, originally suggested by Dr. Wilfred Bloomberg, is concerned with the records of 2565 persons who were under the care of the Massachusetts Department of Correction between 1936 and 1939. Through the courtesy of the Commissioner of Correction, Mr. Arthur T. Lyman, it has been possible to examine their records and abstract personal data at time of sentence with especial attention to the factor of alcoholism either in the subject or in his or her family and social history. The cases included were not selected but were taken consecutively from the files of the Department of Correction.

Two penal institutions are represented, the Massachusetts State

Prison at Charlestown (all male prisoners) and the Massachusetts Reformatory for Women at Framingham. The cases from each institution have been divided into those with personal histories of excessive alcoholism (by their own admission) and those who disclaimed the use of alcohol except occasionally. The drinking habits have been further verified by social service and court data which were carefully recorded in the files of the Department of Correction.

*The Massachusetts State Prison Group**

The total number of cases from the State Prison totalled 1637 and of these 1086 (66.3 percent) were considered alcoholic. 551 (33.7 percent) were non-alcoholic, a ratio of 2:1. In the alcoholic group, 982 (90.4 percent) were white, 101 (9.3 percent) were negroes and 3 (0.3 percent) were orientals. The racial distribution was about the same for the non-alcoholic group (91.6 percent white, 7.2 percent negroes and 1.2 percent orientals) and represents essentially the racial distribution for the population of the Commonwealth of Massachusetts.

The native born were 81.5 percent but there were slightly fewer native born persons in the non-alcoholic group. Among the foreign born group, the largest number of alcoholic persons were born in Italy, Canada, Portugal, Poland and Ireland. Russia, Scotland and England furnished the next largest groups in descending order, all countries where drinking is common. For the non-alcoholic group, the largest number of non-native born persons came from Italy, Russia, Canada and Poland.

The findings with respect to religious affiliation are not significantly different between the two groups and may be more nearly an index of the distribution among the general population than of the alcoholic habits of religious groups. It is noteworthy that there were considerably more Hebrews among the non-alcoholic group which is in keeping with their generally understood drinking habits.

The marital status of both alcoholic and non-alcoholic groups represented about the same distribution as seen among the general population although among non-alcoholic subjects there were more unbroken marriages than among the alcoholic group. Half the entire

* Drunkenness was not the chief offense of any subject. Men sentenced to penal institutions for this reason are sent to other institutions. However, many of the alcoholic prisoners were dipsomaniacs or intermittent drinkers and some committed their offense against society during an alcoholic spree.

group were unmarried and 29.9 percent were married. The distribution in this respect was approximately the same for the alcoholic and non-alcoholic groups. The ages of the single alcoholic group were for the most part between 20 and 29 years but the median age of the married group of alcoholics was about 34 years. The unmarried, non-alcoholic group averaged between 20 and 24 years and the married alcoholics 38 years of age.

The median age at time of sentence of the alcoholic group was 23 years and that of the non-alcoholic group was slightly older, i. e. 28 years. The largest number of alcoholic prisoners were between 20 and 29 years when sentenced and the next largest group was aged between 30 and 39 years.

The family history of alcoholism is of considerable interest. Of 1086 alcoholic prisoners there were 746 who had alcoholic relatives. Of these 463 had alcoholic parents, 195 had alcoholic siblings, 1 had an alcoholic grandparent, 20 had alcoholic wives and 67 had other alcoholic relatives. Among non-alcoholics, only 97 had alcoholic parents, 32 had alcoholic siblings, 2 had alcoholic wives and 19 had other alcoholic relatives. 652 alcoholic prisoners, although incarcerated for other crimes than drunkenness had previously been arrested for that offense. 162 alcoholic prisoners had come from broken homes*, although only 20 broken homes were recorded for the non-alcoholic group. 379 alcoholic prisoners claimed to have been intoxicated at the time of their crime and this was substantiated by other evidence in 248 cases. 389 claimed to have been under the influence of alcohol but not drunk at the time the crime was committed. 146 records showed that the chief offense had been committed in an alcoholic setting such as a tavern, bar or in a place where drinking was in progress by the prisoner or his associates.

The domestic relations of the non-alcoholic group were more satisfactory than for the alcoholics. For the non-drinkers 56.4 percent admitted that the home situation was congenial as compared with 46.4 percent of the alcoholic group. 21.6 percent of the non-drinkers had been in non-congenial living situations before imprisonment and 31.0 percent of the drinkers characterized their domestic relations as non-congenial. In the case of unmarried prisoners, the tenor of the home environment was evaluated regardless of whether they lived with members of their families or with other persons, so that this figure is not synonymous with

* Often because of alcoholism.

marital relations in every case. It suggests only whether the home situation was congenial, noncongenial or indifferent and demonstrates the degree of adjustment with other persons or with the environment.

The intelligent quotient was reported for 764 alcoholic and 379 non-alcoholic prisoners. In the alcoholic group, 52.5 percent had an intelligence quotient below 79 although only 30.9 percent of the non-alcoholic group for whom this data was available had an intelligence quotient below this level. The highest educational level attained was approximately the same for both groups and the median for the highest grade completed was the seventh year of grammar school. However, more non-alcoholics entered high school or went beyond than did members of the alcoholic group. Only 9 alcoholics (0.81 percent) had any college or professional training although 27 non-alcoholics (4.9 percent) had one or more years of advanced schooling. Since the alcoholic group was about twice the size of the non-alcoholic group, this indicates that six times as many of the latter had this training. High school training followed approximately the same trends and was recorded for 15.6 percent of the alcoholics and 19.2 percent of the non-alcoholic prisoners. At the age when he might be in college, the alcoholic criminal, even if financially and intellectually able to attend, was probably drinking to an extent that would make a successful college career impossible.

The economic status of both groups was about the same except that the non-alcoholic group had 6.7 percent of persons who had been comfortably situated before sentence compared with 1.8 percent of the alcoholics. 67.4 percent of the alcoholics and 65.1 percent of the non-alcoholics came from marginal economic circumstances and 30.8 percent of the alcoholics were dependent compared with 28.1 percent of the non-alcoholic group.

The physical condition of 94.8 percent of all prisoners at time of sentence was good although 39 alcoholics and 22 non-alcoholics were in only fair physical condition. 15 alcoholics and 10 non-alcoholics were in poor condition but the physical limitations of the former were not related to chronic alcoholism. It may be that they were imprisoned before the neurological complications and deficiency diseases could occur. 68 alcoholics were infected with syphilis and 64 had gonorrhea. 3 had both venereal infections. 25 non-alcoholics had syphilis and 28 had gonorrhea while 1 had both infections. Defective vision and hearing was the most common physical handicap for both groups followed in number by hernia, loss of member, deformity or crippling, drug addiction and gastro-intestinal disease for the alcoholics. Among the non-

alcoholics, hernia, deformity or crippling, traumatic conditions and gastro-intestinal disease were the most common limitations after defective vision and hearing.

There were 18 alcoholics who had been sentenced to life imprisonment and 19 non-alcoholics who had received the same sentence. Again considering that the former group was twice the size of the latter, this indicates an incidence twice as great for the non-alcoholic groups of manslaughter and second degree murder which, in Massachusetts, are the chief crimes for which a life sentence is given, although several of these cases, sentenced to life imprisonment, represent persons for whom the death penalty had been commuted for it is almost mandatory for first degree murder in that state. Excluding "lifers", the average sentence for alcoholics was 5.7 years and for non-alcoholics 5.0 years. The minimum sentence given to an alcoholic prisoner was 1 year and to a non-alcoholic, 2 years. 220 alcoholics had been sentenced for terms of over 10 years and 85 non-alcoholics for more than 10 years.

Crimes against property were more common among the alcoholics (50.9 percent) than among non-alcoholics (46.3 percent). *Sex crimes* and *crimes against public order* were the chief offenses in 17.1 percent of the alcoholic cases and in 20.8 percent of the non-alcoholic cases. *Crimes against persons* were recorded for 32.0 percent of the alcoholics and for 32.9 percent of the non-alcoholics. The specific crimes among the alcoholics which were most numerous were (1) breaking and entering with intent to commit larceny, (2) armed robbery, (3) robbery and (4) rape. Among the non-alcoholic group, they were (1) breaking and entering with the intent to commit larceny, (2) armed robbery, (3) larceny and (4) rape. The alcoholic seems to tend toward crimes of violence rather than to the sort which requires careful planning.

The prognosis of prison officials with respect to the satisfactory return of these men to society showed far greater promise for the non-alcoholic group. 33.7 percent were given a favorable prognosis while only 15.6 percent of the alcoholic group were so classified. 46.2 percent of the non-alcoholics were given unfavorable prognoses compared with 55.6 percent of the alcoholics. A doubtful prospect was recorded for 17.6 percent of the non-alcoholics and for 23.9 percent of the alcoholics.

Most of the prisoners showed a strong tendency toward recidivism. Although few had been brought in at the beginning of their delinquent careers, there were 44 men among the alcoholic group without previous prison or court records and their average age was 41.4 years. Most of

them ranged between 32 and 38 years but there were many very old and many very young men in the group without records. Their most common crimes were assault and battery, armed robbery, incest and manslaughter.

92 non-alcoholic prisoners did not have previous court or penal records. Their average age was 45.8 years and they were largely grouped in age between 40 and 49 years. The most common crimes for this group were arson, sex crimes and larceny.

The Massachusetts Reformatory for Women Group

The records of 928 cases of women prisoners ("students") at the Massachusetts Reformatory for Women were examined. Of these, 458 (49.4 percent) were alcoholic by their admission or by reliable corroborative evidence from the courts or probation offices. 470 cases (50.6 percent) disclaimed the use of alcohol and no evidence from other sources was available to refute the prisoner's statement. The racial distribution, like that found for the male group of prisoners reflects the distribution in the general population of Massachusetts rather than a particular trend in drinking habits. The figures indicating the marital status of female prisoners show that 41.0 percent of the alcoholic group were married and 26.2 percent were single. In the non-alcoholic group, 51.4 percent were unmarried and 22.9 percent were married. The groups are about the same in respect to the number of divorced and separated individuals. Widows occur with greater frequency in the alcoholic than in the non-alcoholic group. This may indicate an effort to find solace in liquor for the lost spouse. The fact that sex offenses in the single, non-alcoholic group are so numerous may mean that unmarried alcoholic women find the use of alcohol supplants and decreases the sex drive. Marital responsibilities do not seem to be an effective deterrent to anti-social behavior for the married, alcoholic woman. A large number of the women were *married* before they were eighteen years of age. They were poor home makers and frequently neglected the children and their marital responsibilities. Most of the early marriages were terminated by separation, desertion or divorce. In only 8 percent was the economic status improved by marriage.

The alcoholic group showed that 80.0 percent among the single women were Catholics compared with only 52.8 percent among the non-alcoholic group. 19.6 percent of the married drinkers were Catholic and 43.8 percent of the abstainers were married. The Hebrews

among the drinkers numbered only 0.2 percent among the alcoholic group but showed 2.7 percent among the non-drinkers. It is always unsafe to speculate on the effect of religious training on a mode of behavior and it must be borne in mind that adherents to the Catholic faith in Massachusetts may predominate. However, the fact that married women of Protestant faith among the alcoholics number only 19.6 percent probably has a significance which is not understood by us.

Native born alcoholic women in the group studied numbered 68.3 percent and there were 88.4 percent among the non-alcoholic group. Foreign born individuals were almost three times as numerous among the drinkers (31.2 percent) as among the abstainers (11.0 percent). They were most frequently from countries which are known to have a high incidence of alcoholism; Ireland, Canada and Poland. The countries most frequently represented in the non-alcoholic group were Canada, Italy and Russia. Frequently there was evidence of strong conflict between child-parent culture in the native born children of foreign parents (44 percent). The low economic status, the poor moral standards, especially when the home environment was alcoholic and the low or absent exercise of parental supervision made a high contribution to early delinquency. 8 percent were illegitimate.

Alcoholic women tended to be older than non-alcoholic women and the median age of the former was 37 years. The median age of the non-alcoholics was 30 years. The majority of alcoholics ranged in age between 20 and 50 years but for the abstainers the largest number were aged between 19 and 30. Among the non-alcoholics, the average age of the single and separated women was between 20 and 24 years while the married and divorced group ranged chiefly between 25 and 29 years. The unmarried alcoholics were older being chiefly between the ages of 25 and 29 years. 32.3 percent of the total group were under 21 years at the time of commitment.

The physical condition of the non-alcoholic group was slightly better than for the drinkers but may be explained by the greater age of the latter group. 71.1 percent of the alcoholics were in good health, 25.4 percent were in fair physical condition and 3.5 percent were in poor health. Among the non-alcoholics, 76.5 percent were in good health, 20.6 percent were in fair physical condition and 2.9 percent were in poor health. The general health of the non-alcoholic women closely paralleled their age and those between 20-29 years showed fewest disabilities and the best general health. Heart disease and defective vision were the commonest physical limitations for both groups. There were

12 alcoholics with deformities or with crippled conditions. Syphilis was more common among the alcoholic women and gonorrhea among the non-alcoholics. 30 alcoholic women and 22 non-alcoholic women had both venereal infections. There were 8 cases of congenital lues and 1 of central nervous system syphilis among the alcoholics. Venereal disease was most common among the non-alcoholics who were aged between 20 years and 24 years and among alcoholic women between 25 and 29 years. Gonorrhea was reported in a woman aged 84 years at time of sentence. 68 percent had had venereal disease before they were 21.

The median intelligence quotient was 81 for the alcoholic group and 84 for the non-alcoholic group. The average alcoholic woman had completed 7 years of school but this figure was slightly higher for the non-alcoholics. There was relatively little illiteracy and when this was noted, it was chiefly among older, foreign born women. 80 percent were two or more years retarded from their normal age group. 60 percent were dull or below average in scholarship. The average intelligence quotient was highest in the non-alcoholic group (91) who were 17 years of age at commitment and lowest among those aged 55 to 59 years when committed. 22 percent of the women were normal in intelligence, 28 percent were dull, 16 percent were borderline and 32 percent were feeble-minded while 2 percent were imbeciles. There was a minimum amount of illiteracy among the cases studied although the women had relatively little formal education. Educational attainments of the non-alcoholics was higher than those of the alcoholic group. Many assumed factory jobs on leaving school where they worked intermittently at an average wage of less than ten dollars per week. Several had left the parental home between 9 and 14 years of age. Many left school at 14 years or earlier, chiefly for economic reasons. Most of them had shown excessive mobility in their work relationships and many had abnormal environmental experiences. The parents of 80 percent of the women committed to the Massachusetts Reformatory for Women were illiterate or possessed meagre education. 75 percent were unskilled and 60 percent of the mothers had employment outside their own home. 91 percent of the women came from homes of very low economic standards and great poverty. The average number of children per family from which these women came was 6.4 percent. There was mental defect in the families of 60 percent and 81 percent had other delinquents in the same family. 93 percent had only very meagre home supervision. Two thirds of the women who came from broken families were under 11

years of age at the time of the break, that is, at the impressionable age when they were approaching the uncertainties and new adjustments of puberty. The cycle too often was that of drinking by a parent, leading to support by a welfare agency, the arrest of the father or mother, probation, a broken home, sex offenses by the unsupervised children, further delinquency and eventually prison. Only 15 percent can be said to have come from a wholesome environment.

A cross section of the female cases reported differs markedly from that of the male cases, for unlike the latter, 249 women had been sentenced to the Reformatory because of drunkenness. (When male offenders are imprisoned for this offense in Massachusetts, they are sent to county houses of correction, to the State Farm at Bridgewater or to the City of Boston penal institution at Deer Island in Boston Harbor). 262 alcoholic women had previously been arrested for drunkenness and 162 had come from broken, often alcoholic homes, either their own or those of their parents. Broken homes were reported for 4 non-alcoholic women. 242 admitted they were drunk at the time of their offense. The women of alcoholic habits who had been sentenced for other crimes than drunkenness always denied being intoxicated, although there is considerable doubt as to the accuracy of their statements. This is contrary to the practice of male prisoners who frequently project the responsibility for their behavior on alcoholism. 23 women had committed their offenses in alcoholic settings such as places where liquor was being sold or consumed. 173 alcoholic women claimed that one or both parents had been alcoholic but this figure is shown to be minimal by other reliable evidence such as the records of the courts and probation departments. The best available evidence indicates that among the alcoholic women, the mother had been alcoholic in 47 instances and the father in 156 instances. 14 alcoholic mothers of non-alcoholic daughters and 110 alcoholic fathers are recorded. 46 alcoholic women had alcoholic siblings, 3 had alcoholic grandparents, 6 had alcoholic foster or step-parents and 116 had alcoholic husbands. Among the non-alcoholic women, 15 had alcoholic siblings, 1 had an alcoholic grandparent, 2 had an alcoholic foster or step-parent and 31 had alcoholic husbands. Among single women, the parents had been alcoholic in one-third of the cases and among married women in one-fifth of the cases.

Domestic relations, either in their own homes or in the homes of their parents, were uniformly uncongenial (87.2 percent for the alcoholics and 91.5 percent for the non-alcoholics). Congenial home relations are indicated by 9.8 percent of the alcoholics and 7.3 percent of the

non-alcoholics. 80 percent had no recreational interests, 87 percent had associated with bad companions and 81 percent frequented undesirable hangouts. 70 percent had been sex delinquents during childhood. 80 percent had had illicit sex relations by *consent*. 52 percent had been prostitutes and of these 7 percent were professional prostitutes. 54 percent had had illegitimate pregnancies.

The length of sentence differs from that for the male prisoners for somewhat more latitude and discretion is allowed the parole and reformatory officials with respect to women prisoners. Exactly 50 percent of the alcoholic women were sentenced for a one-year indeterminate sentence and 32.9 percent received a two-year indeterminate sentence. The maximum sentence for an alcoholic woman was 8 years. 300 non-alcoholic women (63.8 percent) received a two-year indeterminate sentence and 157 (33.4 percent) had been sentenced for a five-year indeterminate period.

As mentioned above, 248 of the women had been sentenced because of drunkenness and the remainder for other offenses. 43 alcoholic women had been sent to the reformatory because of "idle and disorderly" conduct, 31 because of "lewdness in speech or behavior" and 19 because of "neglect or abandonment of minor children" and 19 because of adultery. 14 young alcoholic women were "stubborn children", an offense usually invoked at the request or with the cooperation of the parents when minor daughters were beyond parental restraint. 117 non-alcoholic women were sentenced because of "lewdness in speech and behavior," 47 were "stubborn children," 59 because of larceny, 51 were "idle and disorderly" in conduct and 30 were committed for "neglect or abandonment of a minor child".

In summary, drunkenness accounted for 54.1 percent of all crimes committed by alcoholic women. Exclusive of that offense, there were 157 offenses (34.2 percent) that were *crimes against public order*, behavior problems or sex offenses among the alcoholics and 30 (6.5 percent) were *crimes against the person of others* such as assault, manslaughter or murder. 23 alcoholic women (5.2 percent) had committed *crimes against the property of others*. Among the non-alcoholic women there were 351 cases (74.6 percent), offenses that constituted behavior problems, *crimes against public order*, or sex offenses, 53 offenses (11.2 percent) *against the persons of others* and 66 (14.2 percent) *against the property of others*.

Of the 98 alcoholic female prisoners without previous court or penal record, the average age at time of sentence was 27.3 years. The most

common offenses were lewdness, drunkenness, "lewd and lascivious cohabitation", "stubborn child", "idle and disorderly conduct", and being "lewd and lascivious in speech and behavior." 50 of these cases were between 18 and 22 years of age. Of the non-alcoholics, 127 had no previous record and their average age was 27 years. 65 were between the ages of 17 and 22 years. The most common offences were lewdness, "lewd and lascivious cohabitation", "stubborn child", "lewd and lascivious in speech and behavior" and "neglect of minor children".

The economic status before sentence was generally higher for the alcoholic group of women than for the non-alcoholic group. 73.2 percent of the former were in marginal circumstances and 26.2 percent were dependent. Among the non-alcoholics, 21.9 percent were in marginal circumstances and 77.5 percent were dependent.

The prognosis of the reformatory staff was much better for the non-alcoholic group than for the alcoholic women. A favorable prognosis was given in 67.4 percent of the alcoholic cases but in 83.1 percent of the non-alcoholic cases. An unfavorable prognosis was made in 30.4 percent of alcoholic cases and in 14.4 percent of non-alcoholic cases. A doubtful or unknown prognosis was recorded in about an equal number of cases from each group. Some of these cases were followed on parole. Of the group who improved on parole, 25 percent adjusted immediately on release and 25 percent within 5 years. 15 percent ceased their delinquencies entirely. The paroled alcoholics showed less improvement and made a less satisfactory adjustment than did the non-alcoholic group.

Discussion

The data which is presented above shows that among male prisoners, there is little difference in the nativity or marital status of alcoholic and non-alcoholics. The racial and religious distribution corresponds roughly to that for the communities in which they originate. The age distribution does not differ greatly for the two groups nor does the distribution of intelligence quotients and the educational level. The physical and economic status and the incidence of venereal infections at the time of commitment is the same for both groups. The minimum sentence in years is about the same, and the alcoholic commits about the same type of crime as the non-alcoholic tending more frequently to commit crimes against the property of others than the non-alcoholic. It is in the background, personal and familial, that a distinct difference is noted and in the sphere of domestic relations. The prognosis for the alcoholic group

is distinctly less favorable in the opinion of the institution staff than for the non-alcoholic.

Among women prisoners, a different situation obtains because of the large number who have been committed because of excessive drinking without any other offense. This renders comparison between the sexes unwise. In spite of this fact, the male and female groups differ only slightly in race, again reflecting the racial distribution of the community in which they originate. Considerably more married and foreign born women are found in the alcoholic group than in the non-alcoholic group. There is a difference in religious affiliation which is of uncertain significance. The ages and physical condition of the two groups are similar. There is, however, a higher incidence of venereal diseases among both groups than was observed among the male cases. The educational attainments and intelligence level is about the same for both alcoholic and non-alcoholic women.

A closer correspondence with respect to family alcoholic background is noted among both groups of women than was observed among the men but the alcoholic women have more alcoholic mates than the non-alcoholics. The domestic relations are in closer agreement between the two subgroups than with the male prisoners, being generally uncongenial*. Exclusive of drunkenness, which accounts for over half of the offenses, behavior problems and sex offenses are most numerous in both groups. The economic status of the alcoholic women is more favorable than for the non-alcoholics and the marginal status is more common. The prognosis is, as was noted for the men, less favorable for the drinkers.

It is the belief of Dr. Miriam van Waters, ⁽⁶⁾ superintendent of the Massachusetts Reformatory for Women that 80 percent of the women in the institution are "socially maladjusted girls and women" and that only 20 percent are real criminals. This attitude makes crime and delinquency basically a psychiatric and social problem.

It does not appear from this data that the alcoholic and the abstaining criminal, either male or female, differs very greatly. We find little that might explain why these people fail to adjust to the social and legal restraints which our social system imposes. Glueck⁽⁷⁾ expressed a belief as long ago as 1918 that the criminal act was the resultant between a particularly constituted personality and a particular environment. He believed that not all criminal persons were predestined to commit crimes.

* Married alcoholic women may be expressing rebellion against non-congenial home situations where married men have other means of doing so, short of crime.

In addition, there probably is an imponderable factor which we can not uniformly evaluate.

The fact that so many alcoholic men and women who are sentenced to penal institutions come from environments which are shaped unfavorably by the alcoholism of their parents, marital partners and other relatives suggests that *the frustration of an alcoholic environment elicits aggressive drives which manifest themselves in the socially unacceptable form of behavior which we call crime*. The deep instinctual drives are diverted and build up severe emotional and mental conflicts which cause further damage to already battered and wavering egos. The normal craving for power and success finds only additional frustration in alcoholism and the ego, lacking the inhibitory restraint of reason and intelligence leads to further conflict with other persons and with the social order. The infantile reactions of temper tantrums and similar neurotic expressions of childhood give way as the individual grows older to aggressive responses against the environment, (so-called behavior problems) against other persons and property (assault, murder and robbery, arson and so forth). The latter form of behavior can be considered psychologically a projection of resentment against persons whose economic status is more desirable. The resentment against the inadequacy of the ego may be expressed as sex offenses or in the self-destructive drives of alcoholism, drug addiction, frank psychoses or suicide. Much of this is also true of the non-alcoholic criminal offender but the abstainer finds a different outlet for much of his aggression. The factors of need and opportunity are more important in the situation of the non-alcoholic criminal. A number of alcoholics may be considered emotional criminals exhibiting immature behavior ranging from that consistent with imbecility to outbursts of anger.* Alexander has pointed out that the democratic system relies, theoretically at least, on the maturity of its citizens.

* Emotional maturity is a necessary part of intellectual normality. The criteria of Levine⁽⁸⁾ reveal the alcoholic as emotionally infantile. Levine's criteria of emotional maturity are

1. ability to be guided by reality rather than fears
2. capacity to withstand necessary temporary frustrations
3. reasonable and controlled aggressiveness
4. independence
5. mature conscience unaffected by fears
6. capability for extraverted love with enlightened self interest
7. reasonable dependence
8. healthy defense mechanisms with ability to face conflict and avoid projection
9. good sexual adjustment and acceptance of own gender
10. good work adjustment.

The more difficult becomes the struggle for existence, the greater is the tendency to follow anti-social patterns of behavior. Delinquency is more marked among poor than among comfortably situated persons although delinquents from the more adequate social levels are often protected and cared for elsewhere than in reformatories.

The cool-headed intentional violators of the law are especially rare among the alcoholic group. Alcoholics, except under the influence of alcohol, are usually too timid to express their aggressive drives and are more apt to manifest behavior of the hysterical type. The effect of alcohol on personality partially explains why this occurs. From a pharmacological point of view, ethyl alcohol produces a pseudostimulation which was shown by Schmiedeberg to be due to a depression of the inhibitory or cortical mechanism, possibly resident in the hypothalamus. One of the first effects is an increased lability of the inhibitory and perceptive powers and a diminution in the critical function particularly with relation to personal behavior. This is accompanied by a change in mood, most often one that is diametrically opposed to that existing before the drinking began. There is often a marked increase in confidence in mental and physical power, giving rise to aggressive, often sexual behavior. The increased esteem of the alcoholic and the new conception of his worth causes the subjective need for control to vanish, as Schilder⁽⁹⁾ has pointed out. The underlying anxiety may lead to an increase in pugnaciousness and irritability or may be followed by a regression to primitive behavior, but as the intoxication wears off, the alcoholic is once more impressed with his worthlessness when his powers of judgment return. His remorse does not eliminate the consequences of his temporary anti-social activities.

It is said that many alcoholic criminals would never have committed penal offenses except for drink. Perhaps the chief difference between the alcoholic and the non-alcoholic is the ability to successfully fight against spontaneously-occurring drives. The non-alcoholic groups of criminals are definitely more deliberate in the pattern of criminal behavior. Curran⁽¹⁰⁾ states that alcoholic women are constantly striving for social recognition and their strong narcissism and inner tensions make social contact difficult. The criticism which they take so badly from others is an unconscious projection of the self-criticism which in turn is the basis of their social shyness. For them, alcohol supplies a feeling of social adequacy and the lack of critical judgment does not render incongruous the indifferent character of the people and places they seek out.

The alcoholic, whether criminal or not, male or female, is deeply conscious of the society around him but of which he is not a harmonious part. Psychologically, he is in constant contact with society and is very desirous of love and appreciation. His own inadequacies are very real without alcohol but with it, he becomes invulnerable to their limitations. He has frequently lived since childhood in a state of insecurity often in relation to parents and siblings and in constant intimacy with ridicule, threats, deprivation and even painful punishment. Without the support of alcohol, the alcoholic, actually in need of friendly help and understanding, finds it all too easy to give in passively to real or assumed pressure by overcompensation, and he may express the latter in some form of delinquency or crime. Neither the community nor the family should stress superiority, perfection and blamelessness if it wishes the alcoholic to take his place in it with reasonable promise of adjustment.

It is probable that the security which a child enjoys in his early years is an important factor in deciding whether his adult activities will be socially approvable or otherwise. In spite of the progress of our communal attitude toward treatment and reform of criminals rather than punishment, the attention we give to the removal of handicapping factors does not keep pace. A good part of the expense of government continues to be spent in the maintenance of penal institutions rather than in housing and health measures. If some aliquot of this cost were spent in preventive educational work, within a short time, the type of individuals who require restraint would change greatly.

We are accustomed to think of alcoholism as an "escape" mechanism but for the alcoholic criminal it may be much more than that. Myerson⁽¹¹⁾ has pointed out that the excessive use of alcohol may be a revolt against, as well as an escape from the overstressed caution, decorum and orderliness of human existence. If crime is a matter of defiance to society and its laws, the alcoholic criminal is expressing thus his inadequacy to meet and adjust to reality. He may be revolting against an intolerable home situation through criminal behavior and contriving unconsciously to escape from it by courting imprisonment or in the case of young criminals, he may be expressing a wish to escape from those who would impose a rigid and formal pattern of behavior upon him. In a paper written just before his untimely death, Dr. Paul Schilder⁽⁹⁾ stated "The best prevention . . . lies in the attitude of the parent who does not increase the insecurity and passivity of the child and who guarantees reasonably free development of social adaptation". Extending this concept it can be said that the only cure for crime is a funda-

mental change in the mores and institutions of our social order which will provide greater security for the individual. This is the ultimate aim of the Federal Social Security program.

There is a pressing need for the application of psychiatric and sociological methods to the problems of penology, whether of alcoholic origin or not. The general attitude of society has tended toward apathy after an offender disappears from the front pages of the newspaper through the prison gates. "We need a social approach to crime and delinquency. We view crime in the abstract with reasonable serenity and emotional balance and with as much intelligence as we bring to bear on most problems. Crime in the concrete and the criminal is viewed with alarm and hysteria, irrationality and helplessness, that is, with sustained feeling but not sustained thinking."⁽¹²⁾ Crime and delinquency will be controlled not by arms but by social and economic forces. The paroled alcoholic criminal must be offered a social group on his release from prison in which the competition is diminished from that which he knew before commitment. He must be given work in keeping with his occupational ability.

The purpose of the penal institution is not alone the protection of society but it must, if it is to discharge this function entirely, prepare its charges for their return to society. Psychotherapy in most cases, and especially in those which are complicated by alcoholic factors is almost an essential. Incarceration alone will not change essential behavior patterns unless there is analysis of the total situation of the criminal followed by treatment during imprisonment and parole. Whether psychotherapy can help in rehabilitating these persons and raise the prognosis for them after release revolves on the pivotal concept of whether the purpose of incarceration is punitive or therapeutic and educational.

If psychotherapeutic procedures can not be instituted during imprisonment, a part of the parole plan should be the mandatory referral to a psychiatric agency. Few of these exist but there is no valid reason why they should not be established. We are learning that it is less expensive to prevent infectious and contagious diseases than to treat them and the same situation obtains for alcoholism and crime. The psychiatric examination and appraisal need not wait the actual beginning of the sentence. In fact, if this were done while the prisoner was awaiting trial or sentence and the findings made available to the sentencing judge, he might utilize them as a guide to the length and type of sentence. There should be provision for a continuance of recreational outlets after release to counteract the tendency to revert to old companions and haunts

and subsequently to old habits. Too much responsibility has been placed upon parolees in the past and too little assistance and supervision has been given them in most states after their release.

There is also a need for the ready interchange of information between hospitals, courts and social agencies, prisons and welfare departments. Social service exchanges promote this work but unfortunately they exist only in a few large cities.

A long term view of alcoholism and crime and of the total sociological situations which produce them should provide for the removal of economic and biological handicaps unless society is to support these persons intermittently throughout their lives. Work projects for paroled criminals are as important as for the non-criminal group. Both feel the same need for food and shelter. The alcoholic feels even more strongly the need for social acceptance during the period when he is attempting to reestablish himself. There is a need for marital and family guidance and supervision, especially among the groups whose early environment has been defective. This service should not be made available only through the domestic relations courts but should be planned as an educational measure for all young people. Many young alcoholic prisoners, both male and female, are being punished for offenses whose responsibility rightly reverts to the parents. The casual marriages at early ages, unhappy conjugal relations, the frequency of divorce, desertion, non-support, illegitimacy and venereal diseases are all problems which involve family responsibility. Educational work in factories, schools and young people's organizations may serve to counteract in some degree the disintegrative forces which are attacking the family on all sides. The lack of recreational facilities need attention in any program of social defense. To a certain extent, the churches and child guidance clinics try to take over some of these functions and provide satisfactory emotional outlets but are usually inadequately supplied with personnel, equipment and finances to do it well. In many cities the police are endeavoring to interest boys and girls in activities which will help them understand that the police officers are their friends rather than purely disciplinarian in function. Denver has established a junior police organization which has contributed to the decrease in juvenile delinquency. In Boston a similar organization was established in October 1938. *

* The Police Commissioner of the City of Boston describes the organization and results in the following letter:

"During my first years as Police Commissioner of Boston, juvenile delinquency loomed as a most serious problem—immediate action seemed its only solution. To help

remedy this situation, I introduced my plan in October, 1938, by organizing the Boston Junior Police Corps. The need for such an organization was readily apparent, for in one year forty-six percent of the state prison intake were adjudged juvenile delinquents—that is, convicted of offenses before their seventeenth birthday, thirty percent of these having spent time in juvenile institutions. Since the organization of the Corps there has been a steady decrease in juvenile delinquency in the city. This is especially encouraging, since throughout the country, during the same period, juvenile crimes have shown a gradual upward trend.

"With approximately seventeen thousand boys between the ages of ten and sixteen, receiving expert instruction under a staff consisting of a Deputy Superintendent, a Sergeant and fifteen patrolmen, a great part of the city's youth is thus able to enjoy the benefits of proper environment. Race, creed or color bar no one from membership in the Corps with equal rights and equal opportunities to all. They engage in military drill, calisthenics, organized sports, enjoy trips to various places of interest, and even have a uniformed band. All boys are encouraged to attend regularly the church of his faith, to do honor to his parents and at all times act the role of a gentleman.

"Every Patrolman-Director makes frequent visits to juvenile court in the particular area to which he is assigned. He can thus advise some unfortunate youngster and perhaps save him from a life of crime. Many of these boys have since become members of the Junior Police—are very proud of the honor and even more thankful to the kind counselor who came to his rescue. Every patrolman assigned to do Junior Police work is also given the opportunity to visit the schools in his district to lecture to the children in safety precautions and warn them of the dangers they encounter while playing in the streets. Each counselor has an advisory board consisting of local school masters, teachers, clergymen, social workers and other influential citizens interested in juvenile work.

"Every summer almost five thousand worthy members are given a vacation at the Junior Police Camp in the Blue Hills reservation. This gives them a chance to get away from the hot city streets and enjoy a healthy and wholesome atmosphere. Everything possible is being done for these boys to better their physical, spiritual and moral welfare.

"Each year on Hallowe'en evening, thousands of boys and girls throughout the entire city attend parties staged at various halls and police stations, as guests of the Boston Police. With their time occupied playing games and enjoying refreshments, the city is spared much mischief and damage caused by children in past years.

"This action by the Boston Police has without any question, developed the character and morals of our youth, and has contributed immeasurably to the decrease in juvenile crimes. In close contact with the police during their early years, they now look upon a policeman as a friend rather than a person to be feared and hated. With a respect for law and order, these boys are being properly prepared for the battle of life, and are able to set an ideal for all youth to follow. Guided while young, along the path of righteousness, they will be less likely to wander into crime as they grow older. It is a well known fact that the established criminal gave way to criminal tendencies early in life, a victim of poverty, environment, moral weakness, or parental neglect.

"Upon investigating court cases of juveniles and adolescents, I found the greatest contributing factors leading them to commit crimes, was brought on by poverty, due to unemployment. Therefore, to help boys between the ages of fourteen and twenty-one secure employment, I established at Police Headquarters a central employment bureau where any boy in the city might register for work. This agency has been successful in placing boys—a number of them receiving permanent positions. Business employers, merchants and residents of the city have been asked to cooperate. This has been done by extensive advertising on billboards and traffic boxes throughout Boston.

"With respect to alcoholism—this habit is especially dangerous since it is closely linked with, and often leads to many failings, criminal or otherwise. One weakness always leads to another, so only by correcting the source of an evil, can you begin to meet with success.

"I sincerely hope this information touches upon the subject you are preparing and

meets favorably with your request. It is rather difficult to limit an article of this type to a few hundred words, but the main purpose of our organization is quite evident. These boys are so instructed during their early years in the principles of proper living, and such an indelible impression made upon their minds, that their future conduct will most certainly be influenced by this training received while under the supervision of the Boston Police.

Very truly yours,
(signed) Joseph F. Timilty,
Police Commissioner."

We do not know in every case why some individuals are unable to live in harmony with natural and human laws. We do know that those persons who transgress against these laws to a degree that requires their restraint come with great regularity from environments which are lacking in the factors which decrease and eliminate anxiety and from those in which economic and personal security render abnormally aggressive behavior necessary. The national morale has been and continues to be seriously undermined on the lower economic and social levels by alcoholism and is poorly equipped to withstand defeatism. Persons in these groups become easy prey to propaganda and disunity follows. The sinister psychological effect of alcoholism increases their insecurity and engenders hatred and suspicion. The low emotional and economic insecurity of the alcoholic renders him less able to cope with reality situations. His infantile standards of behavior are reinforced by the excessive use of alcohol. It is the duty of human society to make a definite effort in the case of criminals to neutralize the differences in social background as much as possible. This is particularly true in the case of the alcoholic criminal and the period during which he is removed from society offers the earliest and most appropriate time for personal therapeutic attention. Preventive measures should be directed at the environment wherever it appears that changes are needed. We are unable at this period in our social development to interfere beyond a minimal extent in the operations of hereditary mechanisms but only when we can assure each new born citizen a good heredity and a superior environment can we hope to place alcoholism and crime among our minor social problems.

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TABLES

MASSACHUSETTS STATE PRISON

Racial Distribution

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
White	982	90.4	505	91.6	1487	91.4
Black	101	9.3	40	7.2	141	8.5
Other	3	0.3	6	1.2	9	0.1
Total	1086		551		1637	

Nativity

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Foreign	176	16.2	128	23.2	304	18.5
Native	910	83.8	423	76.8	1333	81.5
Total	1086		551		1637	

Place of Birth of Foreign Born Cases

	Alcoholic	Non-Alco.	Total
Italy	54	37	91
Canada	30	13	43
Portugal	15	7	22
Poland	14	9	23
Ireland	9	3	12
Russia	8	15	23
Scotland	8	3	11
England	7	4	11
Turkey	7	6	13
Greece	4	6	10
Germany	3	3	6
Sweden	2	—	2
British West Indies	2	2	4
Switzerland	2	—	2
Syria	2	5	7
Panama	—	1	1
Armenia	2	1	3
Lithuania	2	1	3
Azores	1	—	1
China	1	4	5
Brazil	1	1	2
Finland	1	—	1
New Foundland	1	—	1
Cape Verde Islands	—	1	1
France	—	1	1
Panama	—	1	1
South American (place unknown)	—	1	1
Albania	—	1	1
Spain	—	1	1
Philippine Islands	—	1	1
Hungary	—	1	1
	—	—	—
Total	176	128	304

Religion

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Catholic	753	69.3	323	58.6	1076	65.7
Protestant	291	26.7	175	31.7	466	28.4
Hebrew	21	1.9	38	6.9	59	3.6
Other	14	1.2	11	1.9	25	1.5
Unknown	7	0.9	4	0.9	11	0.8
Total	1086		551		1637	

Marital Status

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Single	550	50.6	271	49.1	821	50.1
Married	305	29.0	182	33.0	487	29.9
Divorced	75	6.9	33	5.9	108	6.5
Separated	104	9.5	36	6.5	140	8.5
Widowed	52	4.0	28	5.4	80	4.8
Unknown	0	.0	1	0.1	1	0.2
Total	1086		551		1637	

Age Distribution

Age Groups	Alcoholic	Non-Alcoholic	Total
15	1	0	1
16	0	1	1
17	1	5	6
18	11	15	26
19	16	18	34
20-29	508	254	762
30-39	346	122	468
40-49	130	81	211
50-59	58	38	96
60-69	12	12	24
70-79	3	5	8
Total	1086	551	1637

Family History of Alcoholism

	Alcoholic	Non-Alcoholic
Alcoholic parents	463	97
Alcoholic siblings	195	32
Alcoholic grandparents	1	0
Alcoholic wife	20	2
Other relatives	67	19
Total	746	150

*Alcoholic Group**Personal Alcoholic History*

Number previously arrested for drunkenness	652
Home broken*	162
Claimed to be drunk at time of crime	379
Claimed not to be drunk at time of crime	389
Drunk at time of crime	248
Crime committed in alcoholic setting	146
Total	1976

* Among non-alcoholics, 20 cases from broken homes.

Domestic Relations

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Congenial	503	46.4	311	56.4	814	49.7
Non-congenial	337	31.0	117	21.6	454	27.7
Indifferent	203	18.7	112	20.1	315	19.2
Unknown	43	3.9	11	1.9	54	3.4
Total	1086		551		1637	

Intelligence Quotients

	Alcoholic	Non-Alcoholic	Total
Less than 40	2	0	2
40-49	11	2	13
50-59	29	13	42
60-69	102	45	147
70-79	148	57	205
80-89	210	112	322
90-99	134	78	212
100-109	104	58	162
110-119	24	13	37
120-129	0	1	1
Unknown	322	172	494
	—	—	—
Total	1086	551	1637

Education—Highest Grade

Completed in Years

	Alcoholic	Non-Alcoholic	Total
1	17	3	20
2	16	5	21
3	37	22	59
4	55	35	90
5	107	41	148
6	185	87	272
7	154	70	224
8	266	97	363
9	95	47	142
10	36	28	64
11	14	12	26
12	25	19	44
College—1 or more years	7	9	16
Graduate school—1 or more years	2	18	20
Unknown	70	58	128
	—	—	—
Total	1086	551	1637

Economic Status

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Comfortable	19	1.8	37	6.7	56	3.5
Marginal	732	67.4	359	65.1	1091	66.6
Dependent	335	30.8	155	28.1	490	29.9
	—	—	—	—	—	—
Total	1086		551		1637	

Physical Condition

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Good	1032	95.0	519	94.1	1551	94.8
Fair	39	3.6	22	3.9	61	3.7
Poor	15	1.4	10	2.0	25	1.5
Total	1086		551		1637	

	Alcoholic	Non-Alcoholic	Total
Defective vision	26	13	39
Defective hearing	10	11	21
Hernia	23	14	37
Loss of member	20	5	25
Deformity or crippling	13	10	23
Heart disease	9	5	14
Speech defects	2	5	7
Tuberculosis	4	4	8
Arthritis	5	5	10
Traumatic conditions	8	8	16
Epilepsy	6	4	10
Drug addiction	12	3	15
Gastro-intestinal disease	12	6	18
Asthma	2	2	4
Kidney disease	1	1	2
Arteriosclerosis	0	2	2
Senile changes	0	1	1
Anemia	4	1	5
Neurological disease	9	4	13
Diabetes	3	2	5
Cancer	0	1	1
Respiratory disease	8	0	8
Dermatological conditions	3	0	3
Osteomyelitis	1	0	1
Chronic appendicitis	2	0	2
Total	183	107	290

Venereal Disease

	Alcoholic	Non-Alcoholic	Total
Syphilis	68	25	93
Gonorrhea	64	28	92
Both	3	1	4
	—	—	—
Total	135	54	189

Minimum Sentence in Years

	Alcoholic	Non-Alcoholic	Total
1	1	0	1
2-2½	96	79	175
3-3½	301	139	440
4-4½	119	54	173
5-10	335	175	510
10-15	147	67	214
15-20	36	5	41
20-40	30	12	42
Over 40	3	1	4
Life	18	19	37
	—	—	—
Total	1086	551	1637

Principal Offense

	Alcoholic	Non-Alcoholic	Total
Armed robbery	148	84	232
Robbery	104	17	121
Larceny	47	69	116
Breaking and entering to commit larceny	274	96	370
Breaking and entering at night to commit larceny	50	15	65
Arson and related crimes	24	26	50
Rape and assault with intent to rape	67	27	94
Assault with intent to rob or murder	64	21	85
Carnal abuse and assault with intent to commit	43	36	79
Sodomy	15	16	31
Incest	23	20	43
Murder—first degree	1	4	5
Murder—second degree	18	14	32
Manslaughter	39	10	49
Abortion and attempt to cause miscarriage	8	12	20
Forgery and uttering	9	14	23
Assault with dangerous weapon	52	19	71
Illegal possession of dangerous weapons	20	8	28
Possession of burglars' tools	5	6	11
Unnatural act	8	6	14
Escape from penal institution	10	8	18
Extortion or threat to extort	3	6	9
Accessory before fact of a felony	6	5	11
Receiving stolen goods	17	4	21
Kidnapping	6	1	7
Assault and battery	13	0	13
Other crimes	12	7	19
	—	—	—
Total	1086	551	1637

Summary of Offenses

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Crimes against public and sex crimes	186	17.1	115	20.8	301	18.3
Crimes against persons	348	32.0	181	32.9	529	32.4
Crimes against property	552	50.9	255	46.3	807	49.3
Total	1086		551		1637	

Prognosis

(by institutional staff)

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Favorable	168	15.6	177	33.7	345	21.0
Doubtful	258	23.9	106	17.6	364	22.2
Unfavorable	608	55.6	254	46.2	862	52.5
Unknown	52	4.9	14	2.5	66	4.3
Total	1086		551		1637	

MASSACHUSETTS REFORMATORY FOR WOMEN

Racial Distribution

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
White	429	93.6	446	94.8	875	94.2
Black	28	6.1	24	5.2	52	5.6
Other	1	0.3	0	.0	1	0.2
Total	458		470		928	

Alcoholic prisoners = 49.4 percent
Non-alcoholic prisoners = 50.6 percent

Marital Status

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Single	120	26.2	241	51.4	361	38.9
Married	188	41.0	108	22.9	296	31.9
Divorced	38	8.3	39	8.4	77	8.4
Separated	57	12.4	54	11.4	111	11.9
Widowed	55	12.1	28	5.9	83	8.9
Total	458		470		928	

Religion

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Catholic	364	80.0	248	52.8	612	65.9
Protestant	92	19.6	205	43.8	297	32.1
Hebrew	1	0.2	13	2.7	14	1.5
Other	1	0.2	3	0.6	4	0.4
Unknown	0	0.0	1	0.1	1	0.1
Total	458		470		928	

Nativity

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Foreign	143	31.2	52	11.0	195	21.0
Native	313	68.3	416	88.4	729	78.5
Unknown	2	0.5	2	0.6	4	0.5
Total	458		470		928	

Place of Birth of Foreign Born Cases

Place of Birth	Alcoholic	Non-Alcoholic	Total
Ireland	55	2	57
Canada	37	11	48
Poland	12	4	16
Lithuania	9	0	9
England	8	4	12
Russia	6	6	12
New Foundland	3	0	3
Portugal	2	3	5
France	2	0	2
Denmark	2	0	2
Cape Verde Islands	2	0	2
Austria	2	0	2
Italy	1	11	12
Scotland	1	2	3
Finland	1	1	2
Sweden	0	2	2
British West Indies	0	2	2
Labrador	0	2	2
Azores	0	2	2
Total	143	52	195

Age Distribution

Age Groups	Alcoholic	Non-Alcoholic	Total
15	0	1	1
16	0	0	0
17	3	9	12
18	9	49	58
19	15	52	67
20-29	118	221	339
30-39	127	88	215
40-49	112	36	148
50-59	58	11	69
60-69	14	2	16
70-74	0	0	2
80 and over	0	1	1
	—	—	—
Total	458	470	928

Physical Condition

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Good	326	71.1	360	76.5	686	73.9
Fair	118	25.4	96	20.6	214	23.0
Poor	14	3.5	14	2.9	28	3.1
	—		—		—	
Total	458		470		928	

	Alcoholic	Non-Alcoholic	Total
Heart Disease	23	21	44
Defective vision	28	20	48
Defective hearing	7	7	14
Deformity or crippling	12	5	17
Bad teeth	4	1	5
Tuberculosis	3	2	5
Drug addiction	1	1	2
Anemia	6	6	12
Arteriosclerosis	2	0	2
Gastro-intestinal disease	2	0	2
Asthma	4	1	5
Arthritis	3	5	8
Trauma	2	0	2
Epilepsy	1	1	2
Deficiency disease	3	1	4
Respiratory disease	1	1	2
Neurological disease	3	1	4
Kidney disease	1	3	4
Hernia	1	1	2
Ovarian failure	0	1	1
Thyroid disease	2	2	4
Diabetes	1	3	4
Pelvic disease	1	0	1
Hallucinoses (acute alcoholic)	1	0	1
Varicose veins	3	3	6
Vincent's angina	2	0	2
Cancer	0	2	2
Scoliosis	1	1	2
	—	—	—
Total	118	89	207

Venereal Disease

	Alcoholic	Non-Alcoholic	Total
Syphilis	88	56	144
Gonorrhea	48	75	123
Both	30	22	52
	—	—	—
Total	166	153	319

Among alcoholics—8 cases congenital lues
1 case CNS lues

Intelligence Quotients

	Alcoholic	Non-Alcoholic	Total
Less than 40	1	2	3
40-49	6	2	8
50-59	26	27	53
60-69	59	72	131
70-79	117	76	193
80-89	82	96	178
90-99	51	80	131
100-109	31	53	84
110-119	13	34	47
120-129	11	13	24
130-139	1	1	2
Unknown	60	14	74
	—	—	—
Total	458	470	928

Education
Highest Grade Completed in Years

Grade	Alcoholic	Non-Alcoholic	Total
1	4	2	6
2	5	2	7
3	23	6	29
4	36	31	67
5	55	48	103
6	58	56	114
7	58	89	147
8	82	85	167
9	43	51	94
10	24	33	57
11	14	18	32
12	14	11	25
College—1 or more years	2	10	12
Illiterate	13	8	21
Unknown	27	20	47
	—	—	—
Total	458	470	928

Alcoholic Group
Personal Alcoholic History

Previously arrested for drunkenness	262
Parents alcoholic	162
Home broken*	28
Drunk at time of crime	242
Crime in alcoholic setting	23
Total	717

* Among non-alcoholics—4 cases of broken homes.

Family History of Alcoholism

	Alcoholic	Non-Alcoholic
Alcoholic mother	47	14
Alcoholic father	156	110
Alcoholic siblings	46	15
Alcoholic grandparents	3	1
Alcoholic foster or step-parents	6	2
Alcoholic husband	116	31

Domestic Relations

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Congenial	45	9.8	36	7.3	81	8.7
Non-congenial	399	87.2	430	91.5	829	89.3
Indifferent	5	1.1	2	0.6	7	0.9
Unknown	9	1.9	2	0.6	11	1.1
Total	458		470		928	

Length of Sentence in Years

	Alcoholic	Non-Alcoholic	Total
3 months	0	2	2
6 months	1	0	1
11 months	0	1	1
1 year indeterminate	249	4	253
2 years indeterminate	151	300	451
3 years indeterminate	3	0	3
4 years indeterminate	1	0	1
5 years indeterminate	49	157	206
6 years	2	0	2
7 years	0	1	1
8 years	1	0	1
18 years	0	1	1
During minority	1	4	5
	---	---	---
Total	458	470	928

	<i>Principal Offense</i>		
	Alcoholic	Non-Alcoholic	Total
Drunkenness	248	0	248
Idle and disorderly	33	53	86
Lewdness in speech or behavior	31	117	148
Lewd and lascivious cohabitation	13	59	72
Adultery	19	26	45
Fornication	12	12	24
Abortion	1	19	20
Larceny	10	41	51
Keeping disorderly house	9	5	14
Common night walker	8	6	14
Vagrancy	11	17	28
Arson	2	6	8
Stubborn child	14	47	61
Neglect or abandonment of minor child	19	30	49
Forgery	1	5	6
Assault and battery—carrying dangerous weapon	4	3	7
Runaway	1	5	6
Robbery	2	3	5
Murder	2	0	2
Stealing	1	2	3
Manslaughter	3	0	3
Breaking and entering, larceny and accessory	1	2	3
Receiving stolen goods	1	1	2
Refusal to pay taxi fare	1	0	1
Escape and aiding escape	1	2	3
Disturbing peace	1	1	2
Unlawful possession of narcotics	3	2	5
Illegal sale of liquor	2	0	2
Violation automobile laws	1	2	3
Non-support	0	2	2
Incest	0	1	1
Failure to perform contract for board	0	1	1
Unlawful solicitation of charity	1	0	1
Soliciting to adultery	1	0	1
Threat to extort	1	0	1
Total	458	470	928

Summary of Principal Offense

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Drunkenness	248	54.1	0	.0	248	26.7
Crimes against public order and sex crimes	157	34.2	351	74.6	508	54.7
Crimes against person	30	6.5	53	11.2	83	8.9
Crimes against property	23	5.2	66	14.2	89	9.7
Total	458		470		928	

Economic Status

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Comfortable	2	0.4	2	0.6	4	0.4
Marginal	120	73.2	103	21.9	223	24.0
Dependent	335	26.2	365	77.5	700	75.5
Unknown	1	0.2	0	.0	1	0.1
Total	458		470		928	

*Prognosis
(by institutional staff)*

	Alcoholic	Percent	Non-Alco.	Percent	Total	Percent
Favorable	309	67.4	391	83.1	700	75.5
Doubtful	5	1.1	6	1.3	11	1.1
Unfavorable	139	30.4	68	14.4	207	22.3
Unknown	5	1.1	5	1.2	10	1.1
Total	458		470		928	

Abstracts From Current Literature

A - Psychoanalysis

REPETITIVE CORE OF NEUROSIS. LAWRENCE S. KUBIE. *The Psychoanalytic Quarterly*. 10:23-43, Jan., 1941.

Psychiatrists, neurologists, endocrinologists, neuro-surgeons, and psychoanalysts have been groping towards a realization that the nuclear problem in the neurosis is the repetitiveness of its phenomena, and that the protean manifestations of this central neurotic process are of secondary importance. The experimental use of the conditioned reflex, the search for endocrinological variants, the chemical investigations of the physiologists, the examination of hypothalamic influences on emotional and vegetative processes, have sought to establish a general cause of the neurotic state.

Previously the writer indicated that several objections existed in reference to Freud's concept of a specific repetition compulsion. It was pointed out that repetitiveness is the essence not only of all neurotic manifestations but also of all activity of an instinctual nature and that as instinctual biological forces are the source of all psychological processes the latter must bear the imprint of instinctual repetitions and must be repetitive.

The argument advanced in this paper is: "(1) All psychological phenomena are, and must be by their very nature, repetitive. (2) All neurotic phenomena are a distortion of this normal and inevitable repetitiveness of all psychology. (3) Therefore all neuroses, no matter what specific symptoms they may present, on careful dissection are found to be obligatory repetitions in which the distorted repetitive mechanism has for special reasons singled out now one now another manifestation for repetitive emphasis. (4) The so-called obsessional or compulsion neurosis and the perversions as well, are merely special cases of this neurotic distortion of normal repetitiveness. (5) Therefore we may have to revise our analytical conceptions of the dynamic mechanism which are specific for obsessional symptomatology and for ob-

sessional character since these become merely special examples of a more general process."

The organization of the central nervous system underlies the repetitiveness of all normal thought and behavior. Where any part of an initial stimulus is left undischarged or if the response itself initiates a stimulus, we have the physiological mechanism for continued and sustained responses. In psychic life repetitiveness is exhibited after birth by breathing, sucking and defecating. Repetitions appear later in more complex coordinations between vegetative and somatic muscular activity which are slowly learned. As to the possible role of organic forces, Brickner reported that during an operation under local anesthesia when electrical stimulation was applied to a certain area of the human brain perseveration in speech occurred. Perseverating acts in humans have been observed after head trauma, with brain tumors, with chronic encephalitis, and with epilepsy. Indication is found, therefore, of the indubitable facts that the brain is so organized as to offer a physiological substratum for automatic repetitiveness of fragments of behavior and more complex patterns of behavior. Evidence does not exist for congenital differences in the organization of the brain as in hemispherical dominance. The relationship of this to handedness, eyedness, footedness, and the acquisition of language habits in early infancy is well worth studying. Pathological distortions of normal repetitiveness can be found in internal conflict which has been created and which can be no longer discharged adequately in any fashion.

Manifestations of repetition and the choice of neurosis are found in such acts as: a child plucking its hair, bumping its head, wetting the bed, eating dirt, developing tics, etc. Some of these acts are directed towards external objects, some towards the child's own body, and some towards the bodies of others. Some are substitutive; others are efforts of direct instinctual gratification. The obligatory and re-

petitive mechanism can attach itself to one or more of three aspects of any conflict: libidinal activities, indirect representatives of these, or to the emotional reactions to the conflict. The choice of the neurosis depends upon secondary forces which determine the focus of the repetitive process.

Therapy is impotent so long as the repetitiveness of the neurosis is not resolved. In analysis frequently special symptoms are resolved without relieving the neurotic structure that underlies the whole personality. This may also account for the negative therapeutic reaction in which one finds that the relief of a symptom is followed by a more serious disturbance.

The significance of this point of view to nosology is that psychoanalysts began their studies of the neuroses with the classifications which were at hand. Most neuroses in practice, actually, have been usually spoken of as "mixed." This paper presents an explanation of why this is true and why there is a need for a revision of the classification of the neuroses.

The classical formula for the etiology of the neurosis remains unchanged. The neurosis arises out of the interplay between basic biological drives, their inevitable frustrations, and the repercussions of rage, guilt and terror. However, these manifestations in themselves do not constitute the neurosis and this is where the shift in emphasis occurs. As a result of pathological change, the repetitiveness becomes obligatory as it focuses on one or several aspects of the original conflict. Thus, the libido theory is modified but not discarded in this formulation. The role of the traumatic incident in the production of neuroses is not essentially changed either.

The possible basis for a reclassification of the neuroses is to be found in the principle that the essential repetitive process can, under certain circumstances, focus primarily on any one of the three basic components of any total psychopathological state: "(1) on some forbidden instinctual drive to produce perversions; (2) on the emotional reactions to the conflict; (3) upon a constellation of symptoms such as compulsions, obsessions, hysterical reactions, hypochondriacal states, phobias and the like." A sound clinical classification must consider the relative roles of these

three basic elements in the total relation. A classification can not be adequate if it is based solely upon the presence or absence of a specific psychoneurotic symptom since these are relatively unimportant details in the illness.

The three main groups would be "(1) cases in which mood disturbances are incessantly and continuously manifested; (2) those in which perversions play the dominant role in the clinical picture; (3) those in which the secondary psychoneurotic symptoms are the continuous manifestations of illness. In turn, each of these major groups would be subdivided according to the role which the other two components play in the total picture since no one of them ever is seen alone."

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PREDISPOSITION TO ANXIETY. PHYLLIS GREEN-
ACRE. *The Psychoanalytic Quarterly*. 10:
66-94, Jan., 1941.

Freud defined anxiety as the reaction to danger and indicated further the need of some factor which will assist in understanding why certain individuals are able to subject the effect of anxiety to normal psychic control and other individuals prove unequal to the same task. Freud pointed out the inadequacies of Adler's organ inferiority explanation and Rank's emphasis on the birth trauma as the main determinant in producing varying degrees of intensity of the anxiety reaction in different individuals. It seems clear that the birth trauma occupies no such exalted place in etiology or therapy as was once assigned to it by Rank. The birth trauma seems to have fallen into disrepute as an etiological factor in the neuroses. If the accumulated birth trauma of the past is so important that it leaves an anxiety pattern in the inherited equipment of the race, it can not be expected that an individual birth experience will have been nullified by this inherited stamp. When does an anxiety reaction begin to appear—after birth, at

birth, or is it potentially present in intra-uterine life and released after birth?

Anxiety is usually thought of as having a psychological content, however, is there a pre-anxiety response containing little psychological content? The human anxiety pattern varies greatly in its symptomatic form and most commonly it has cardiorespiratory symptoms which seem indeed to be the nucleus of the birth experience. However, there may be some untoward events in intrauterine life itself or in the first few weeks following birth which might constitute danger situations and which are reacted to with something akin to anxiety.

A foetus will respond to noise; it passes stool and excretes urine; it moves and turns; it may suffer from hiccoughs; respiratory-like movements are noted in the last month; sucking of the thumb is practiced in some cases. One questions the relationship of these accelerated behavior patterns to anxiety.

Systematic studies of infants having an erection immediately after birth are lacking. Its occurrence immediately following birth is not merely coincidental but is the result of stimulation by the trauma of birth itself. Erections of the penis in some nursing situations have been reported by Halverson in the frequency of sixty times in 212 different situations of eight different types. Frustration in the nursing, sucking at a difficult nipple, premature removal of the breast, sucking at an empty nipple, *etc.*, were found to be causes. Halverson also indicated that erections never occurred during sucking at the breast or at an easy nipple. No correlations of these phenomena to the discharge of anxiety were made, however.

Two other groups of observations in fields adjacent to psychoanalysis contain facts of some relevance to the problems being discussed, pathologiccoanatomic evidences of the degree of trauma resulting from birth or conditions associated with birth and clinical observations on very young, prematurely born children. In reference to the former, the mass of evidence indicates that cerebral injury resulting from birth is very much more common than one might suppose. Also some foetal disturbances formerly thought to be resultant from defects in the germ plasma or

to accidents at birth are evidently caused rather by local foetal illness. Infants born without any cerebral hemispheres may carry out all the normal activities including sucking and crying. These may first exist entirely at a reflex level. Severe cerebral injury adds signs of cortical irritation such as localized twitching and convulsions. These findings are important as they indicate the frequency, intensity, and the far reaching effects of birth trauma and of the variations in the birth process. They present material for cases of severe anxiety hysteria.

Prematurely born children have been found, in comparison with term babies of the same age, to be: more susceptible to sound; more fascinated by yellow color than red; more keenly aware of ephemeral visual phenomena such as shadows, *etc.*; more persistent in baby talk; less agile in manual and motor control; delayed in walking and generally clumsy; and in emotional tone they were volatile and gives to tantrums.

The question is, "what might be the effect of such early increase in the anxiety potential, provided this does occur, on infantile narcissism?" Narcissism is difficult to describe or define. It is the great enigma of life as it is found in the drag of inertia and in the drive to utmost ambition. The transition to intermural life is accomplished with a marked increase of tactile, kinesthetic and light stimulation.

Freud considers anxiety as the reaction to danger that birth is the prototype of the anxiety reaction. He believes this to be a phylogenetic inheritance rather than a result of the individual birth experience. Birth experience is considered by him to be without psychological meaning, but he does emphasize the continuity of the intra-uterine and postnatal life. Experimental and clinical observations make us ask whether we may not look at this in a different manner. Danger does not begin with birth but may be present earlier and provoke a foetal response which is inevitably limited in its manifestations and exists at an organic rather than a psychological level. Variations in the birth process may increase the organic anxiety response and increase the anxiety potential and thus cause a more severe reaction to later psychological dangers in life. Painful and un-

comfortable situations of the earliest post-natal weeks, before the means of defense or psychological content have been elaborated, would also tend to increase the organic components of the anxiety reaction. Severe neuroses or borderline states find a predisposition in birth traumata and its relationship to later libido development, and, where an increase to early anxiety exists there is an increase of narcissism.

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SELF-DESTRUCTION TENDENCIES IN ADOLESCENCE. JOSEPH PESSIN. *Bulletin of the Menninger Clinic*. 5:13-19, Jan. 1941.

Phenomena such as wars, murders, homicides, suicides, and self-mutilation are readily recognized as evidence of destructive forces within human beings. Freud explained these and related phenomena on the basis of the death instinct, *i. e.*, that man possesses within himself the seeds of his own destruction. Other less obvious forms of self destruction are: alcoholic addiction, neurotic invalidism, certain forms of accidents, and the tendency to submit to many surgical procedures.

Numerous forms of self-destruction may be seen in adolescence. Minor forms of injury and even suicide are practiced. Phantasies of death and destruction are present not only in youth but throughout life. The psychological motives of self-destruction are presented in the following case:

L. D., 15, was referred to the surgical service of the Wisconsin General Hospital because of a post-operative incision which did not heal. An appendectomy had been performed and the operative site continued to open and become infected. She had been hospitalized on five different occasions and the wound responded to treatment. However, on release it would break open at home. The patient was sullen and uncooperative and was finally referred to the psychiatric service for observation and study.

The psychiatric history revealed that the patient's father was a chronic alcoholic, cruel and abusive. He terrorized his children when drunk, accused his wife of infidelity and incest. He worked irregularly and was a poor provider. The mother was domineering, aggressive and nagging. She was alternately indulgent and severe with the patient. The patient had had rickets, measles, scarlet fever, and tonsillitis in childhood. The mother stated the patient had always been in bad health. The patient made average progress in school and completed eighth grade at 15. Her teacher considered her "nervous, irritable and high strung." The parents often quarreled about sex matters in front of the child and at nine years of age a neighbor seduced the patient. At 11 years a married cousin assaulted her sexually and at 13 her father had intercourse with her. The patient's conduct in her home was characterized by stubbornness and defiance.

The mental examination revealed a varied mental picture. She was, however, well oriented and had no hallucinations or delusions. Her conversation revealed her resentment against her parents. She was aggressive on the wards and had to be restrained. Somatic complaints varied from day to day. She frequently invited medical examination.

The acts of self-mutilation which she practiced in the hospital included: trauma to the abdomen, trauma to the left great toe, ingestion of foreign bodies, trauma to the left arm, and minor traumata. All of these acts occurred over a period of two months. When it was decided to return her to her home, she threatened to commit suicide. After much discussion, she consented to enter a state hospital.

The repeated acts of self-mutilation served as a fulfillment of conscious purposes and unconscious needs. The pain and suffering of these acts probably fulfilled an unconscious need for punishment associated with feelings of guilt because of her hostility toward her parents and the varied sexual experience in her background.

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NEUROSES AND PERSONALITY DEGRADATION.

ELIAS PEREPEL. *Psychoanalytic Review*.
28:173-187, April, 1941.

Degradation of personality is a subject of interest to alienist and psychotherapist. Degradation as a result of mental disease has long been described and expounded as a definite complex of phenomena, however, degradation as a result of neuroses is comparatively new. Degradation of personality in the case of neurotics is an indubitable fact though it has been proven only in part and the treatment appears to be paradoxical. Neurotics are found not only among people of average intelligence but also among geniuses. Degradation affects the behavior of the neurotic but not his intellect.

There are more ordinary people among neurotics than people of genius or even gifted ones. Almost all neurotics seem to possess a certain intelligence which appears to be superior to that of their milieu. This is accounted for by the emotionality of the neurotics. It is impossible to find a neurotic of a phlegmatic disposition as it is to find a jolly hypochondriac. This emotionality accounts for the would-be superior intelligence of neurotics. The majority of neurotics are failures. The attitude of the neurotic toward people is thoroughly permeated by subjectivism, the extent of which may serve as a criterion of the extent of pathology in each separate case of neurosis.

This subjectivism represents a distorted outlook on the realities of life. Its nature consists of self-deception, of illusory notions, etc. The cause of the neurotic's subjective attitude is his specific attitude towards himself. It is an attitude of love and hatred at one and the same time. This results from the constitutional peculiarities of the person on the one hand and the conditions of growth, upbringing and education on the other. The constitutional factors are: emotionality, sexual precocity, and a heightened susceptibility to pain. The acquired factors are represented in: bad influence, sexual laxity on the part of adults, physical violence and religiousness.

The neurotic person is given to mysticism and superstition. Regardless of his ethical behavior he can not liberate himself from an unaccountable sense of sinfulness, guilt and moral filth. The mainstays of personality degradation may be summarized as: "incorrect orientation, relaxed critical capacity, inadequate reactions, actions directed against one's own good, provocation of failures, improverishment of mental powers, intellectual decrepitude, and, finally, lowering of talent and waste of creative capacity." The conservatism of neurotics which coincides with the general improverishment of individuality and with changes in the intellect makes it impossible to work on the reeducation of character.

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B - Neuropsychiatry

MURDER IN THE EARLY STAGES OF SCHIZOPHRENIA. KARL WILMANN. *Zeitschrift für die gesamte Neurologie und Psychiatrie*. 170:583, November, 1940.

Murder was committed by 18 young men who were in the early stages of schizophrenia. Although they had been showing personality changes for a long time they were never institutionalized or evidently psychotic. All these young men kept going for longer or shorter periods

with a definite compulsion to kill. The author believes that the murders might have been prevented if these people had been studied psychiatrically. Two of these young men had shown personality changes for 12 and 9 years, respectively. These personality changes began in 9 cases between the 14th and 15th years, in 5 from the 16th to 18th and in 2 at 20 and 21. The murder was committed by 1 at 16, by 12 between the 17th and 21st years, by 2 between 23 and 24 and by one at 26. In

only 8 of the 18 cases was the psychosis recognized by experts soon after the murder. Seven either died in prison or were transferred to hospitals for mental disease many years after imprisonment.

In many of the cases the murderers admitted they yielded to an irresistible impulse to kill. They could give no other explanation. At times they reported that they were forced to murder because of an external force—God, the devil, etc. Occasionally they killed during morbid periods of religious ecstasy with delusions of grandeur with a Messianic coloring. Some indicated that the murder was committed to relieve intolerable inner tension and anxiety. They frequently strike at any one about them—innocent passersby often being the victims. They often attempt suicide afterwards. They usually make no effort to cover up the crime. They even notify the police of their crimes and give themselves up. The author notes the similarity to these homicidal impulses to those encountered in chronic encephalitis.

The author mentions a few famous assassins whom he thinks were schizophrenics. He cites instances from the works of Pelman (*Psychisch Grenzzustände*, Bonn, 1920) and Sello (*Die Irrtümer der Strafjustiz und ihre Ursachen*, Berlin, 1911). Passamante who made an attempt on Umberto I in 1878, Giteau who killed Garfield in 1881 and 3 others are discussed in detail and considered schizophrenic. The fact that these individuals apparently react to real situations frequently masks their real mental condition. He notes that further observation of the course of some of these assassins proved the schizophrenic nature of their mental disorder. It is not surprising that occasionally the mental content of these patients concerns itself with political issues and resentment towards authority. Considering the frequent nomadism of early schizophrenics their occasional contact with anarchists, nihilists and other avowed enemies of organized government is not unexpected.

These murderers occasionally show theatrical responses to their act, indicating that they are shocked by the deed and denying having anything to do with the crime. While such behavior may occasionally be simulated it is not incon-

sistent with the splitting of the personality so often seen in schizophrenics. More often a striking inadequacy of affect is observed. Five cases are mentioned where the schizophrenic murderer commented on this perversion of feeling experiences. They often report to the police after the commission of the act. The diagnosis of schizophrenia is often not made in these cases. Many schizophrenic murderers have been executed. They are occasionally considered to have prison psychoses which developed after incarceration. Careful anamnestic information often reveals personality and character changes which began during early life. Further observation of the prisoner often clarifies the diagnosis for they sometimes develop into typical advanced cases of schizophrenia. The author cites 3 cases where his suspicions that a murder was committed during the early stage of schizophrenia was corroborated by further observation of the prisoner. The large percentage of schizophrenia in murderers sentenced to life-long imprisonment has been noted by a few investigators. Wilmann does not believe that their mental changes are a result of prolonged incarceration. He warns against sending these patients out of hospitals even if they have a remission. Homicidal tendencies may occur.

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PSYCHIATRY AND THE PREVENTION OF SEX CRIMES. FREDERIC WERTHAM. *Journal of Criminal Law and Criminology*. 28:847-853, March-April, 1938.

The prevalence of sex crimes has aroused two extreme points of view. First, there are those people who believe the problem is purely legal and criminological, advocating permanent police supervision, long prison terms and in general, extremely severe punishment. Second, there are those people who believe the problem to belong to the province of psychiatry. According to this viewpoint, the psychiatrist should examine every sex offender and

have the final authority and responsibility for punishment and treatment.

Neither viewpoint provides a trustworthy basis for criminal treatment. Purely repressive and restraining measures have failed wherever and whenever tried. On the other hand, the extremists who see in psychiatry the only solution of sex crimes believe these offenders to be suffering from some mental disorder necessitating treatment by psychiatric methods. They want the psychiatrists to decide which individuals will be helped by treatment and how long this treatment should last. They want the psychiatrists to decide conclusively that the sex offender is either definitely cured or definitely incurable.

But the psychiatrist is not a mind reader, nor should he be used as an "opinion-peddler." The most important thing he can do is to obtain facts about an individual's life history that other cannot obtain. These facts are usable only if they are correlated with "social facts." The work of the psychiatrist can be useful only by means of co-ordination with those agencies in the community which have legal authority to direct or force a person's life into new and safer channels. Furthermore, the largest number of sex offenders belong to a group between crime and disease. Therefore, we cannot treat them solely according to medicine or solely according to criminal law. The psychiatrist can obtain a valid picture of the sex criminal only if he has that man's full confidence. If he is placed in a judicial position of power, he cannot obtain that confidence.

The prevention of many sex crimes can come only through the co-ordination and the mutual constructive critique and supervision of existing agencies. We do not need more research before we act. What we need immediately, is an attempt to co-ordinate and interweave the agencies we have and the facts we know. The legal and psychiatric professions must get together to plan for action. They should consult and discuss concrete cases when they are not forced to plead for one side or the other.

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FACTORS IN SUICIDAL ATTEMPTS, A REVIEW OF 25 CONSECUTIVE CASES. DWIGHT M. PALMER. *The Journal of Nervous and Mental Disease*, 93:421-422, April, 1941.

Contrary to popular conceptions, suicide is not solely the result of unfavorable environmental influences such as the loss of money and friends. Instead it is a very complex phenomenon and reasons for the act are found within the personality structure of the individual to a far greater extent than in the person's present environment. The size of the problem of suicide is shown by the fact that there are 20,000 successful attempts of suicide annually and there are countless others that are either undiscovered, unrecognized, or covered up. In dealing with this problem the author has divided his article into five subdivisions and concludes with a discussion and summary.

The Development of the Self:

In the early months of intra-uterine life, the existence of a baby is not characterized by wants or dislikes because everything is done by the body of the mother without these demands being created. For the first few weeks after birth a similar situation exists as everything is done for the newborn infant's needs. The infant during this prenatal and early post-natal period is unaware of his external environment and since he is the source or goal of pleasurable activity, he does not project his pleasure to an object of the environment. He is, therefore, during this period totally selfish. As he matures, his desires become more complex and are not fulfilled as quickly as previously. His parents represent society and as his demands are restricted or delayed, his reactions to these conditions begin to form behavior. Desires and wishes of the child are delayed and are sometimes countered by desires or wishes of his parents and thus complete selfishness gives way to consideration for the wishes of others. The infant learns that there are certain parts of his environment and what parts he may not take. Still later as the child continues to mature, he shows the phenomenon of reasoning and builds a sense of values based on the reality principle. He learns that if he cooperates with others, he may attain ends

not attainable if he operates alone. Although he may appear to be gradually becoming unselfish, the instinct of self-preservation is not dormant and he is always willing and ready to be fundamentally selfish. The general state of development is one from complete selfishness to a mixture of selfishness and unselfishness. There is a continual conflict between these two qualities. It is only by the process of reasoning that the individual becomes capable of giving as well as receiving and endangering himself in the interests of others.

Psychosexual Development:

Under this heading the author launches into a discussion of the growth and displacement of the streams of energy that come from the original instinct of self-preservation. The energy of this instinct is called the libido and its modifications have been schematized as progressing through four developmental stages by Dr. Jelliffe. These are (1) the archaic, (2) the organ-erotic, (3) the narcissistic, and (4) the social. During these stages the instinctive energy can be traced along race-preservation patterns from the growth of reproductive tendencies of the primitive cells to the hetero-sexual relationships of the average adult. Out of these relationships appear love and hate. These concomitants are at first connected to the individual (self) and later projected to other individuals, inanimate objects, and situations. Love and hate are always present together, being inseparably intertwined. Thus it is, that the psychosexual development follows an evolutionary plan in which the libido passes from a generalized self investment, to a focalized self investment, to an object investment with the object at first like the self, and later to one unlike the self. The child has love for those about him who allow him to follow his life patterns and hate for those who frustrate him. It, therefore, occurs that often individuals are the recipients of both love and hate. As a child matures, he shows a state of ambivalence in which both love and hate bonds are active. There is a definite heterosexual attachment that develops between the boy and his mother and the girl and her father. These bonds develop in later life to love and happiness

with the mother and those with the father mature into creative ability and health.

Motives of Suicide:

The author makes a brief summary of some of the motives that have been advanced as reasons for suicide. First is the murder or the wish to kill. Suicide is primarily a form of murder. Four reasons for suicide are listed. The individual may wish to kill himself because of the desire to destroy undesirable elements within himself, to exterminate a striving for murder, to destroy incestuous strivings, to destroy homosexual strivings, and to spite and cause another person regret. A second motivation for suicide is the wish to be killed which when further analyzed is the desire to obtain punishment for asocial primitive tendencies and murderous wishes and deviations in psychosexual experiences and behavior. A third motivation is the wish to die. This may be caused by a wish to obtain reunion with a deceased person, to obtain reunion with God, and to gain atonement or a more congenial environment. According to one authority, no one commits or attempts suicide unless he believes he will be happier in death.

The author has compiled twenty-five cases of attempted suicide that have come to his attention. There was no selection of case material, the only deviations being the omission of two cases that did not appear to be genuine. An analysis and evaluation of these cases show that in a great number of instances, there was a history of the removal of an immediate member of the family early in life. In most cases removal was caused by death or in rare cases divorce or separation. 48% of the cases studied had experienced difficulty in finding a satisfactory heterosexual love object which was compatible with existing social standards. In regard to chronic alcoholism, 28% took alcohol in sufficient quantities that it could be considered as a self-administered destructive agent. Other evidence that was discovered as a result of this study was that in two cases there was nail-biting. There is a close relationship between nail-biting and masturbaton, the fingers being applied to the mouth instead of the genitals. Two cases were tattooed which in itself is an

expression of a defect in psychosexual development. The author concludes the article with a survey of the twenty-five case histories of the potential suicides and observes that there are several features that are common to a majority of them. These are listed below:

1. The individual had suffered the death or absence of a parent.
2. The person had suffered the loss of libido-invested object.
3. There was a loss of objects that are normally used as transition units (stepping stones) in psychosexual evolution.
4. Loss of super-ego material.

The alleged "cause" of the average attempt at suicide is at most only a precipitating event and the basis for the attempt is laid in the early formative years of the personality when the structure of the ego and super-ego is being formed.

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WHAT CAN THE PSYCHIATRIST DO FOR THE CRIMINAL OFFENDER? WALTER BROMBERG. *Federal Probation*. July-September 1941. 5:15-19.

The author states that it is his intention in this article to deal with offenders who are not insane and not mentally defective but with those cases that are amenable to psychotherapy and to socio-psychologic therapy in which the psychiatrist and the social worker, or both, can cooperate. This means that specific neurotic problems where crime has been an expression thereof must be dealt with, together with immature and anti-social attitudes, and with the variegated personality problems which are not always easy to put one's finger on. Such procedure requires not only knowledge and skillful handling but fortitude on the part of the social workers and psychiatrists.

With the advent of psychiatry into courts and prisons, great possibilities have been opened up regarding individual therapy. The psychiatrist at first was merely

a diagnostic tool but with the individual approach as practiced by modern penologists, the unlimited scope of the psychiatrist as a therapeutic measure was realized. In examining how psychotherapy would operate in a special situation of a court clinic, a probation office, or a prison, there are two things to be taken into consideration; (1) the actual technique and the means through which a doctor achieves results in psychotherapy, and (2) the medium in which he works and how it influences the treatment and reception thereof by the offender.

Dr. Bromberg distinguishes between what he calls "intuitive" therapy which is well wishing, counsel, sympathetic touch, etc., and "rational" psychotherapy by stating that rational psychotherapy is done by means of an emotional relationship between doctor and patient which is consciously appreciated through an analysis of its meaning in terms of the patient's life story. He encourages the patient to give up his symptoms through so-called "persuasive" or suggestive therapy. The physician's function is in a supportive way sharing the burden which the patient carries through his understanding of the latter's problem. The doctor becomes the pattern of a loving but restricting parent and the patient's release from the symptoms occurred through living out the deprivations, hostilities, love guides, etc., on the therapist which are derived from the early emotional experiences with the parents. In treatment of this kind, however, it is necessary that the parole or probation officer bring a complete sociological report of the patient's life to the therapist. The officer, or social worker, must have a training which gives an insight into the psychologic mechanisms as they occur in the daily behavior and routine of the offender. He must, in addition, catch the stages of neurotic tension in the family group and neurotic conflicts in the offender at the time of his or her interviews or his or her therapy visits in the home and on the job.

The author admits that in a judicial setting, this kind of rational psychotherapy must be limited because it must work within the framework of the legal code. Although present day legal sentences are meted out in principle without vindict-

iveness or passion, behind our Anglo-Saxon law there lies the old Mosaic code ("eye for an eye"). Our legal attitudes are based on the concept of the free will of the individual to be "good" or "bad" as his conscience dictates. It is obvious to everyone that punishment is paramount, and that a punitive attitude toward criminals is predominant in the public conscience and, hence, in our legal institutions and throughout our judicial practices.

Unfortunately, it is uncommon for the offender to think of the psychiatrist spontaneously as a helpful agent who mediates between his wishes and the cold reality of the penal code. Therefore, the position that the therapist is placed in is that he is an authoritarian figure who wants to dominate and punish the offender. In psychoanalytic terms, the psychiatrist represents the punishing father. With this fear pushing him into a negative attitude, there is very little possibility of making any permanent impression on the offender until it is worked through with him.

The social conditioning that the offender receives from the time of his arrest, his booking at the police station, his appearance before the magistrate, his commitment to a jail or other place of detention causes at least contempt and even hatred toward all law enforcement officials. It is no secret that many police officials believe that any kind of therapy would amount to the dreaded coddling of the prisoner, and it is no wonder that he is antagonistic toward further probing.

It is quite obvious that if the offender carries on his attitude that the doctor is against him, the therapist is deprived of his two most important requirements for successful treatment; namely, the recognition by the offender that something is wrong with his personality functions, and the possibility of directing by the therapist. The therapist, therefore, must explain to the satisfaction of the patient the nature of this relationship and to minimize as much as possible the therapist's position as allied to society's guardians against crime. Dr. Bromberg feels that the ideal arrangement would be to do the therapy apart from the institution itself or out of the physical setting of a court

or jail. This would take the therapist out of the unfavorable setting of the court or jail and thus, bring about a patient-psychiatrist situation rather than a prisoner-psychiatrist situation.

What can the court clinic and prison psychiatrist offer in the way of treatment? He can, of course, offer solace and consolation and the promise of help to the offender and, in addition, the possibility of building up a body of knowledge to aid future culprits. When the offender sees that there is some reason for the investigation, the battle is in a good part won. He can also bring the patient into relation to the fact that his crime was due to a neurotic conflict, to assuage the guilt tied up with his crime and to demonstrate the possibilities of handling his conflict in acceptable social form.

In conclusion, the author speaks briefly about the technique of group therapy. The purpose here is to show the offender that his troubles are in common with those of many others and that he is in no sense of the word an isolationist. The technique involved is to sit down with several offenders and guide the conversation from an impersonal nature to a personal nature and to achieve a rapport between the therapist and offenders. In order to be successful, the psychiatrist has to be in free social contact with offenders even to the point of speaking their own idioms. In this way the psychiatrist more nearly approximates the hospitable, kindly parent-figure to counterbalance his necessarily critical viewpoint as therapist.

He summarizes his article by stating that, in general, personal psychologic treatment is useful in only certain cases; supportive treatment is useful in many as group therapy which aims at changing attitudes as well as trying to cure specific neurotic conflicts that underlie criminal activity. It must be borne in mind, of course, that all this work is aimed chiefly at offenders who are proven to be not insane, not defective, and physically and mentally well enough to profit by therapy.

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CRIMINALITY IN A GROUP OF MALE PSYCHIATRIC PATIENTS. MILTON H. ERICKSON. *Mental Hygiene*. 22:459-476, July, 1938.

In recent years much attention has been given to the commission of crimes by persons who manifest various recognizable forms of Psychopathology, or who are suffering from some definite mental disease, or who may have been formerly committed to a mental hospital. Legally and psychiatrically this situation presents a grave social problem because of the questionable responsibility of such offenders and the seriousness of their offenses. There is real need for careful and extensive studies of the nature and frequency of offenses committed by this group, as mentioned above, so that we may know more of the interrelationships existing between crime and the recognizable forms of psychopathology.

This study, in approaching the problem, consisted of a general survey of 1,262 patients, the male population of Eloise Hospital which is a general mental hospital. It was found that 25% had a history of criminalistic behavior, which ranged from misdemeanors to felonies. This percentage is probably low in representing the actual incidence of criminality among psychotic patients because of two reasons. First, the difficulties involved in securing information makes it often impossible to get a complete history of the individual. Secondly, the routine practice in Michigan, as in many other states, either to commit directly or to transfer to special institutions for the criminal insane all of the patients with a background of criminality, causes this general mental hospital to have a selected group of patients, since a majority of criminalistic patients have been removed. Thus, the results found through this study become decidedly significant in the indication of some of the problems involved in the parole of these patients.

It was found that 10 percent of these patients had been crime problems before they became psychiatric problems. Also, 12 percent had committed definite crimes at or after the recognized onset of their mental illness. One-third of this 12 percent had committed suicidal offenses, thus leaving 8 percent with a history of other criminalistic behavior. There was a high

frequency of sex crimes and of other crimes against persons. In fact, it was 20 percent for the sex crimes and 45 percent for the others, as compared to 10 to 15 percent each for the general criminal population. The number of sexual crimes committed before the onset of mental disease was the same as those committed after this condition. Less of the suicidal, homicidal, and physical-assault offenses were committed before than after the onset of mental disorder. The sex offenders on average were ten years younger than the homicidal and suicidal offenders. The physical-assault offenses occurred less frequently before than after the onset of the mental illness. The patients with two or more mental hospital admissions presented an average percentage of from 10 to 15 percent for the various groups of offenders, with the exception of the homicidal offenders, for whom it was 20 percent and the suicidal offenders, for whom it was 2 percent. Two to four years was the average duration of stay in the hospital up to date for the various subgroups with the exception of the suicidal patients, who averaged five years.

While the groups included in this study are not sufficiently large to serve as a basis for general conclusions, yet, the fact that 25 percent of this selected group revealed a history of criminal behavior, and that from this group a great proportion of criminalistic patients had been removed, does truly indicate the real seriousness of the problems of mental disease combined with threatened criminality. Two specific examples may be cited to show this more clearly: one, a threatened homicide by a man who locked his family in a room, called an undertaker and stated that he was planning to kill them, and was found by the police actually using an axe to break down the door which the family had barricaded against him. The other, a threatened physical assault by a man who pursued a boy down the street in a rage, menacing with serious physical harm, and who was overpowered with difficulty by the police before he could catch his intended victim. Thus, there is a strong indication of the release of criminal tendencies as a result of the mental disease—or, that at the onset of mental disorder permitted the manifestations of formerly controlled anti-social tendencies and that the mental

disorder was not in itself the cause of but merely the agent in the discovery of previously criminalistic trends. The conclusion seems justified that the disposition of this type of mental patent calls for extreme

care and consideration, with serious weight given to the history of criminal behavior.

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C-Clinical Psychology

THE USE OF PICTURES IN THE ESTIMATION OF THE SERIOUSNESS OF PROPERTY OFFENSES. J. C. EBERHART, *The Journal of Genetic Psychology*. 56:411-437, June, 1940.

The developmental analysis of social attitudes or social concepts ordinarily require that these phenomena be studied in very young children as well as in subjects of later elementary and secondary school levels. With adults or with children in the higher grades the ordinary verbal test or questionnaire methods can be used if they furnish data which are satisfactory for the particular problems involved. But the use of these verbal methods does not solve the problems of obtaining comparable data from children below the 4th or 5th grade level, where reading ability is limited. It was necessary to develop additional methods for these younger persons. This study describes a method which has been found satisfactory for securing a ranking of group offenses from first and third grade boys. The purpose was to find those factors which are responsible for the ranking offenses against property; what changes took place in this ranking as the boys grew older, and what differences can be found between the ranking of delinquent boys and those of non-delinquent boys.

The offenses used were selected from life histories written by delinquent boys and filed in the Institute for Juvenile Research in Chicago. They were chosen so as to be familiar to Chicago boys of the socio-economic status used in the study. The 20 offenses used were as follows:

1. To swipe \$1 from your brother's bank at home.
2. To help yourself to chocolates from a box in your sister's room.

3. To borrow your brother's baseball without asking.
4. To swipe your Mother's wrist watch and pawn it
5. To lift \$1 from your father's pants pocket when taking the pants to the tailor.
6. To keep \$1 you find on the street without trying to find the owner.
7. To take a wheel from a wagon you find in the alley.
8. To keep a candy package you find after it has fallen from a truck.
9. To keep \$1 you see a man drop from his pocket.
10. To keep a ball and glove you find in the school yard.
11. To swipe flowers from a park.
12. To snatch 3 tickets from a movie cashier.
13. To steal candy and cigarettes from a box car.
14. To ride on the street car for half fare when you should pay full fare.
15. To sneak by an L. cashier without paying.
16. To take a wagon from a boy's back yard.
17. To swipe a \$1 bill from your boss's desk.
18. To snatch fruit from a peddler's stand.
19. To swipe and sell lead pipes from an old warehouse.
20. To sneak a rubber ball from a dime store counter.

The offenses were selected to represent four kinds of property

- (A) Property in the house. Offenses 1, 2, 3, 4, 5.
- (B) Lost Property 6, 7, 8, 10.
- (C) Property having money value, 11, 12, 13, 14, 15, 19, 20.
- (D) Property owned by one person, 9, 16, 17, 18.

Other variables also present in the of-

fence are the value of the property involved; nature of term used to describe offence (swiping, borrowing, finding, etc; likelihood of punishment. Rankings were desired from representative groups of boys from the 1st grade to the 12th. For subjects in grade 5 or up, a mimeographed booklet was devised in which each offence was paired with every offence. The directions on the blanks were as follows:

"If we were asked, *'which is worse, to rob a bank or to steal an apple,'* most of us would say *'to rob a bank.'* If we were asked whether robbing a bank was worse than shooting a man, some of us would say *'yes'* and some would say *'no.'*

In the following examples you are to decide which one of the two deeds printed together is worse and make a cross (x) in the front of it. If you aren't sure which is worse, guess. Make one cross for every pair; when you finish the first page go to the second.

The paired comparisons method is particularly valuable for securing the summary judgments of a group of subjects, rather than for securing the judgments of an individual subject. The blanks marked by subjects in the 8th grade for example, are scored by tabulating for each pair of offences the number of subjects who judged the 1st offense, as worse than the second.

The final score or scale value of each offence indicates the position of the offence on a continuation of seriousness. Thus, it is possible to know not only its rank of the offences or seriousness but also how much seriousness separates any of the offences on the scale.

Since the boys in the first grade could not read eight and one-half pages of written statements and it was evident that satisfactory judgments could be given by first grade boys only if the two stimuli were simultaneously present and it suggested the possibility of presenting the offences visually in picture form.

Previous work in this field. There have been previous use of pictures as test materials in intelligence designed for illiterate or foreigners with a poor command of English.

In general, however, picture testing has been limited to the field of intelligence. Tests as to character, personality attitudes,

and moral comprehension have usually been applied only to subjects who could read.

Summary and Conclusions. 1. In order to compare judgments of 1st and 3rd grade boys with those of older boys on the seriousness of 20 property offenses, 15% of the offenses were converted into single line drawings. These drawings were reproduced by memory, and were submitted in paired comparison form. 2. The 20 offenses in verbal form (190 pairs) and the 15 in picture form (105 pairs) were both submitted to 2 groups of boys to make possible a comparison of the verbal versus the pictorial form of presentation.

The pictorial series followed the verbal series after intervals of one week (for 54 subjects) and 1 month (for 36 subjects). Results from these two groups totalling 90 subjects were as follows:

(A) In general, the offence scale values based on verbal presentation were similar to those based on pictorial presentation. The rank order correlation between these two sets of value was plus .957.

(B) The median of the rank order correlation between the verbal and pictorial offence ranks for each of the 81 subjects was .787.

(C) The discrepancies between the scale value based on the two forms of presentations were sufficient to indicate that the pictures were not completely equivalent to their respective statements for all subjects. The similarities were so great, however, that the pictorial presentation was deemed satisfactory for use with subjects too young to understand the verbal presentation.

(D) The 15 pictures of offenses were paired and presented individually to 70 first grade boys, 14 of whom were available to complete the task satisfactorily, 43 third grade boys served as subjects, 24 giving their judgments individually and 19 in small groups. Each subject gave judgments on the stated 105 pairs of offenses and in addition gave second judgments on 25 pairs which were repeated, unknown to the subjects in reversed special arrangement. This stability series showed that the repeat judgments of the 56 first grade subjects duplicated their first judgments in 84% of the cases and that the first and

second judgments of the third grade subjects were identical in 92% of the cases.

Since the subjects did not know they were giving repeat judgments, the results demonstrate comprehension of the task and an ability to discriminate between offenses.

(E) Scale-values were calculated for each offense and for each grade group by Thurstone's method. The results were analyzed in detail but attention was called to the greatest range of scale-values in grade 3, which was accounted for on the basis of greater agreement within the group on the seriousness of the offenses used.

(F) The conclusion seem warranted that pictures can serve as useful substitutes for words in the measurement of certain social values, when the subjects are below the age at which rapid and effective reading is possible.

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THE INFLUENCE OF EGO-INVOLVEMENT ON CONFIDENCE. GEORGE S. KLEIN AND NATHAN SCHOENFELD. *Journal of Abnormal and Social Psychology*, 36:249-258, April 1941.

This paper relates to the range of validity in finding a general factor of confidence underlying the degree of confidence shown in the individual judgments. The confidence of an individual is relatively unvarying for a variety of tasks. The level and degree of confidence is determined by the experimental context in which the tests are applied. Confidence level may be neutral in a group of unlike tasks but may undergo considerable change when the subject's ego (drives, preferences, and goals) is bound up in the tasks. The variable in either instance would be important. The problem of this paper revolves around 'Would the confidence ratings of a group of subjects in a variety of tasks change significantly in another situation where important ego factors, e. g., social prestige, self-esteem, fear of academic standing, are closely bound up in the

tasks, and where, because of this, performance is of more vital consequence to the subjects?'

Trow raised the question of whether there was enough consistency in the reports of any individual to warrant the conclusion that confidence might be considered a personality trait. Johnson selected four tests which permitted two-category judgments: lengths of lines, truth or falsity of statements involving the meanings of words, hand positions, and recognition of figures. These tests could be standardized over a wide range of difficulty, scoring was objective; and, they were independent i. e., the content varied. He also concluded that confidence in a judgment is a personality trait. Johnson attempted to change the attitudes of his subjects toward tasks by instructions emphasizing speed or accuracy. Variations were found in speed of judgment but had no significant effect on confidence.

The subjects chosen were 50 students from C. C. N. Y.; 14 were preliminary. and 36 experimental, subjects. They were all relatively homogeneous so far as age, intelligence, and education are concerned. Four crucial tests (opposites, mental additions, definitions, and dot apprehension) were used. The experiment was broken up into two sessions. In the first session, four tests without the introduction of any undue emotional strain was given. In the second session, the subjects were told that their results were to be recorded in the Personnel Bureau.

The conclusions obtained were:

1. "Under the neutral experimental situation-set of the first session, both score intercorrelations and confidence intercorrelations were low. Thus neither generality of ability nor generality of confidence was found.
2. "Under the stress or Ego-involvement situation-set of the second session, score intercorrelations were low; but confidence intercorrelations were all positive and four were significant. Thus some degree of generality was found under these changed experimental conditions.
3. "It is possible to conclude from our own and Johnson's experiments that generality of confidence may be evoked under certain conditions of situation-set, especially those which bring into play Ego or

personality factors like the level of aspiration.

4. "Testing the inter-session correlations for the scores on each test's comparable forms, we found that the coefficients were fairly high. Their size may have been kept down by increased tension of the second session and consequent disturbances in performance.

5. "Testing the inter-session correlations for the confidences on each test's

comparable forms, we found that the coefficients were higher than for scores. Such a finding was taken to mean that subjects tend to approach similar tasks with similar degrees of confidence, hence that confidence is related to the nature of the task as well as to the personalities of the subjects."

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D - Social & Statistics

THE STATE OF CRIMINOLOGIC AND ESPECIALLY OF THE CRIMINOLOGIC EDUCATION IN GERMAN UNIVERSITIES AND THE POSSIBILITIES OF ITS REFORM. SAUERLANDT AND SEELIG, *Monatsschrift für Kriminalbiologie und Strafrechts Reform*, 32:53, 1941.

This is a combined report of Sauerlandt dealing with the conditions of Germany proper and Seelig reporting those of Austria. The material concerns lectures in criminology done at different universities in German and Austria respectively. A table is offered of the number of semester hours per subject devoted to each of the universities (Hamburg and Ostmark).

Attention is called to the fact that most of the smaller universities have relatively no courses in criminology, that even in the larger institutions criminal science and criminal biology are less developed than the fields of forensic medicine and forensic psychology.

Since the advent of Hitler's regime, additional stress has been placed upon social hygiene and especially upon questions of heredity and race rather than criminology as a whole. The emphasis upon constitution and racial purity has in general been derogatory toward progress in the study of crime. Students as a group have shown little interest in research in this field. Scientific education has been backward and has not operated as a strong auxiliary science to criminal jurisprudence.

In the large cities such as Hamburg, Freiburg and Cologne the situation regarding the judiciary is better than in the smaller communities. The law schools themselves, however, have not put the study of crime on a sufficiently methodical or scientific basis. Recommendation is made that at least assistant judges be compelled to take scientific courses, a procedure which is not in effect at the present time.

It would appear that the severe restriction placed upon the scientific study of crime as a result of limiting the studies to constitutional considerations only have resulted in Austria's forging considerably ahead of Germany in the study and treatment of criminality. The University of Graz in Austria is the first university institute having a course in criminology. This was started by the famous professor, Hans Gross, in 1912 and after his demise was continued by Lenz in 1915. A similar institute was established in Vienna in 1923. These two institutions have brought about the training of criminal judges to such a marked degree that it has influenced the attitude of the judiciary in that entire section of Europe. The University of Innsbruck in 1935 established two semester hours as a part of the obligatory curriculum. These three universities have been continuing their successful work unabated up to the present date.

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JUVENILE ABBERANT SEXUAL BEHAVIOR. RAYMOND W. WAGGONER AND DAVID A. BOYD. *American Journal of Orthopsychiatry*, 11:275-291, April, 1941.

Abberant sexual practices in children are among the less well understood juvenile behavior problems. Little has been done to arrive at an understanding of the social and emotional roots of the problem and to undertake a preventive program. There is no universal agreement as to the fundamental cause of abberant sexual practices. Some workers believe they may be due to biological and constitutional disturbances with secondary manifestations in the psychological field. On the other hand, psychoanalysts believe that this behavior was shaped and moulded by psychological factors and emotional influences. A midway view has been expressed by Moll. He described late childhood and early adolescence as the period of undifferentiated sexuality, no permanent sexual pattern having formed, the child being ripe for the development of either normal or abberant reactions. In this period numerous chance environmental or psychological events occur which might precipitate and establish perverted practice as a permanent sexual pattern. Moll maintained, however, that in certain children a constitutional predisposition was an important factor, but believed that environmental influences during development determined whether the potentiality was ever awakened into overt practice. None of these theories is complete.

This report covers the findings in 25 juvenile cases referred for psychiatric examination because of some type of sexual perversion. Recognition was given to the fact that sexual curiosity and sex play are not uncommon in children and that some might be apprehended in a period of experimentation. These were excluded from this report. Twenty-five juveniles who had adopted abberant practices as a regular and preferred pattern of behavior from the basis for this report. While the cases represent individual problems, they tend to fall into certain groups because of common etiologic mechanisms. An attempt, therefore, was made to select and group cases which demonstrate major personali-

ty and environmental trends of etiological significance. The first group includes those who appeared to be emotionally infantile and without any personal independence or self-reliance. The home environment was characterized by parental over-protection and solicitude with the resultant creation of a powerful, unwholesome parent-child relationship. Conflict and confusion arose in the mind of the developing child who found himself urged on sexually by instinctive drives, yet blocked because of considerations of morality and parental devotion. A second group includes those who came from homes where there was parental rejection. Some presented cases of simple parental antagonism with the consequent creation of patterns of immaturity, feelings of inferiority and inadequacy and sexual reactions on a childish level. Some parents not only presented antagonism toward the subjects, but also created an environmental setting of immorality, violence, and anti-social reactions which the child accepted as a part of his own personality pattern. The third group included children whose perverse practices appeared to be in relationship to defects in personality organization. In some, the disability was primarily an intellectual deficiency associated with powerful instinctive drives and weak or absent inhibitory mechanisms. In others, physical handicaps such as small stature, overgrowth, deformity or bizarre appearance, led to reactions of seclusive behavior, feelings of inferiority, inadequacy and emotional immaturity. The abberant trend in these children resulted from the sexual expression of psychological immaturity and its occurrence was frequent because sufficient opportunities for sublimation and recognition were not available.

The casual observer of the child who regularly indulges in abberant sexual practices may deduce that this child presents an incomprehensible problem which stands quite apart from all other types of juvenile delinquency. These 25 cases show that this type of behavior stands in direct and close relationship to more usual and familiar types of juvenile behavior problems. In one half of the cases the perverse practices began between the ages of six and ten years. In view of this, it appears that some children below ten are

capable of lively sexual interest and may become fixed in a perverse pattern under unfavorable environmental and emotional influences. In the majority of these cases, it appeared that the home, church, school, and community had failed to exert a practical and healthy influences in preventing development of the problem. Of these factors, failures and inadequacies of the home were outstanding. In school these children were either docile models of good behavior or severe management problems because of restlessness, impulsiveness and overt sexual activities. Teachers usually showed little understanding and wanted the child removed as they were carrying overloaded teaching schedules and there were no special programs for the child. The community also shaped these children in their aberrant sexual misconduct as many came from areas of high delinquency rate. Practically none had received sex information from their parents. During developmental years a child will be exposed to gangs, older delinquents and adult perverts, but if given instruction by its parents it will be able to resist being led into perverse sexual practices.

The hope of prevention of adult sexual perversion must depend upon better mental and sexual hygiene of childhood.

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torneys and juvenile judges to ascertain the moral standard and the criminal biologic aspect of these detained. For those juvenile, of the age between sixteen and twenty-one who have a predisposition to criminology there should be a possibility of detention for a longer period of time. The induction of the Borstal System for the juvenile delinquents should be considered. The juveniles of the age between fourteen and sixteen, whose previous bringing-up was neglected, need an institution where they could be educated properly. For those whose crime is very small and whose past is without any history of bad influence or faulty home surroundings a short prison sentence would suffice. All those past the eighteenth year who deserve severe punishment with long term sentences should be given over to the courts for grown-ups. Those below this age limit should be dealt by the juvenile courts. The age limit for those whose background and up-bringing is faulty without criminal predisposition should be extended up to the twentieth year. Girls past eighteen who show sexual neglected social standing and who are thought to be benefitted by corrective education, should be detained.

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PROPOSITION FOR A NEW LAW FOR THE
ELIMINATION OF THE JUVENILE CRIME.
DR. A. GREGOR. *Monatsschrift f. krimin-*
alb. u. Strafr. 28:257-265.

Upon the basis of his twenty years of practical experience in this type of work, the author makes the following propositions. The elimination of criminology of the juvenile crimes is the duty of the State. The juvenile court is best fitted to prevent delinquents from becoming habitual criminals. Therefore, he proposes fewer juvenile courts but larger ones, equipped for this purpose, with stations for observation and supervised by physicians fitted for this work. These stations would be able in cooperation with the district at-

Book Reviews

The Adolescent's Court Problem. PAUL BLANCHARD. Publication of the Society for the Prevention of Crime, 42 Broadway, N. Y. C.

This study consists in general of a preliminary survey of existing procedure and an emergency plan with reference to the adolescent courts. The Society for Prevention of Crime is one of the oldest crime-prevention organizations of the United States and has made a decision recently to devote its major energies to the field of juvenile and adolescent crime. It is believed that the work with youth and youth's problems will bring significant results. The present study is described as preliminary because it is the first of a series to be published. A constructive purpose is involved in this report since a great human problem confronts seven and one-half million New Yorkers and it is important that all good citizens should co-operate in working out a solution. Faults will be shown in the court machinery as it operates today but it must be realized that perfect institutions are not built in a day and that the whole concept of redeeming adolescent offenders by special techniques is quite new.

New York City recently has taken a new and hopeful interest in adolescent offenders and three specific courts for these offenders have been instituted in the last few years. Studies have repeatedly shown that a great majority of our dangerous criminals begin their criminal careers very young. In New York State a survey in 1938 showed that more than one-third of the prisoners of the State who had previously been arrested, and then paroled after serving their prison time, had been arrested first between 16 and 20 years of age. The number and seriousness of crimes by adolescents should make any good citizen pause and reflect on this problem but actually the arrests for such crimes have been steadily decreasing in the last four years.

An adolescent is construed in this survey as a youth between the ages of 16 to 19. The age range varies throughout the various states in the Union. Some youth become involved with others and are not guilty of a criminal act but are branded and treated as criminals for the rest of their lives. The task of the adolescent's court in New York City is to sift out the better lot of youthful offenders from the psychotic, the stubborn, the hopelessly subnormal, and give those boys capable of redemption the most scientific and intelligent treatment that the community can afford. It is a good business proposition to provide proper treatment because adolescent offenders treated in an unintelligent manner become destructive and expensive elements in our society, resulting in the destruction of the institutions of democracy and a taxbill amounting to many times the price of redemptive machinery.

New York has three sets of Criminal Courts and an adolescent may be arraigned in any one of them, depending upon his crime. The lowest courts are the Magistrate's Courts, the next Court of Special Sessions, and the highest the County Courts. The County Court in Manhattan is called the Court of General Sessions. Strictly speaking the three special courts for adolescent offenders in the city are not separate courts at all but distinctive parts of the magistrates' Court.

The wayward minor method is carefully explained and the advantages shown. Originally this method was intended for punishing persistently disobedient youths who had not necessarily committed any serious crime. Its purpose was to allow parents who could not manage boys and girls to bring them into court and secure the help of the judge in making them behave. The law is quite careful to protect the interest of the adolescents involved. One great advantage of the method is that the boy who is adjudged a wayward minor, if he satisfactorily completes his probation period goes out into the world without the stigma of an official criminal record. 'Way-

ward minor" is therefore a status and not a crime. An additional advantage in the wayward minor plan is that the boy is less likely to consider himself as a criminal if the community does not brand him as such. It must be recognized however that along with the advantages there comes a weakness in the Court of General Sessions.

This weakness consists in the fact that the excellent technique arrives too late to preserve its full value. The boy has gone through the police station examination, association with adult prisoners in the detention pen, arraignment once or twice in the Magistrates' Courts, etc. If society was interested in giving him a square deal and a new start in life, it should start earlier in the complicated process.

There is no reason why the wayward minor method should not be extended temporarily to adolescent boys in every court in the City. Even, with its few shortcomings, it is superior to the ordinary methods of treatment. Today less than half of the 4000 boys of 16, 17, and 18 arrested on criminal charges in New York City are given the benefit of the wayward minor method. Much remains yet to be done in extending this method to more youth. However, there are certain obstacles obstructing the progress of this movement, such as the inadequate probation services and the short time until permanent plan will in all probability be adopted by the legislature.

The conclusions and recommendations include the following points:

(A) Almost 4000 adolescents of 16, 17 and 18 are arrested each year in New York City for criminal offenses, which make up 3 percent of the total criminal arrests in the City. These boys through neglect may become dangerous adult criminals in later years.

(B) There is need in New York for a single City-wide or State-wide system of treating adolescent offenders from the time of their arrest to the last phase of their parole after incarceration.

(C) The Magistrate's Courts, by means of the Brooklyn and Queens adolescents' courts have done pioneer service in paving the way for the application of the way-

ward minor method to adolescent boys in the recent years.

(D) The Court of General Sessions in Manhattan which recently began to use the wayward minor method has also given constructive community service by its initiative.

(E) The exact form of administrative control for a City-wide system of adolescent courts is not suggested but the survey shows that any machinery used should function from the first in the judicial process.

(F) The records showed that the recidivism within New York City of the boys who passed through the adolescents' courts was considerably less than the corresponding recidivism of boys of the same age group handled in the ordinary way.

(G) The wayward minor should be used by all of the criminal courts wherever its use is practical. This temporary extension of method would require no new legislation and would incur no additional expense. Such an extension would give to thousands of New York City boys who have successfully completed their probationary periods the right to join the regular Army or Navy or secure Civil Service employment, a right denied to them now in many cases. A general program for handling adolescent offenders should be adopted by the legislature.

The *Journal of Criminal Psychopathology* sincerely appreciates the complimentary copy of this valuable publication of the Society for the Prevention of Crime, and is happy to review this volume in the current issue of the *Journal*.

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Current Psychologies. ALBERT J. LEVINE,
Cambridge Sci-Art Publishers, Cambridge, Mass., 270 pp., 1940.

Current Psychologies is a critical synthesis of the present day schools of psychology. Its genesis lay in the struggle of

the author to resolve the miscellany of psychology, both fact and theory, into a workable synthesis. While numerous schools are in existence, the author feels that there are but four basic schools and that the other accept as their tenet one phase of basic school and proceed to establish a complete theoretical system. These four schools are: the Neurological, the Gestalt, the Purposivistic, and the Freudian consisting of Freud, Jung, Adler and Rank. These four schools were precipitated as a result of using categories that correspond to conspicuous qualities or sharply defined trends such as: the degree of scientific orientation, the use of dynamic concepts, the role assigned to instincts, the resort to unique characteristics, and degree of passivity or self activity that underlies the adaptive processes. On these bases, the four schools of psychology lend themselves to classifications of two groups, that in which the mind is passive as it is being molded by environmental forces and that in which the mind is active.

This book presents the points of departure of these schools as well as those of agreement. It offers a statement of a gratitude to the varying schools for their contributions to the educational system. Presented are problems of: the confusion caused by language, the lack of experimental and experiential data to support generalizations, the disparity between promise and performance, etc. However, *Current Psychology* will stand numerous persons, both lay and professional, in good stead in orienting their thinking and summarizing the tenets and points of departure of the schools being considered.

Eventually, perhaps, a common ground will establish one school of thought in the field of psychology whose nature will partake of assisting the average person to develop to his highest in his social situation by assisting him to better understand his fellows, and himself. In the meantime, *Current Psychologies* will enable him to understand the individualistic and eclectic features of these four schools. There has been a long-felt need for a book of this nature.

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Varieties of Human Physique. W. H. SHEDDEN, S. S. Stevens and W. B. Tucker, New York, Harper and Brothers, XII, 347 pp., 1940.

Basic differences and similarities among human physiques are emphasized in this book. Its effort is found in attempting to lay a foundation for morphological description so as to find a systematic study of personality based on physiological and psychological characteristics. The book is the result of over twelve years' study of the morphological aspects of the constitutional theory of psychology. The book, by its very nature, finds agreement with Lombroso, Kretschmer, Hooton, etc., on this subject. The book is offered in the hope that the establishment of reliable criteria for the classification of basic physical difference will aid in the furtherance of progress in the fields of medicine, anthropology, psychology and physiology.

The work of this book was done by the Constitutional Research Project whose task was to provide frames of reference for the study of basic individual differences at the level of human morphology. Later phases of the study were supported mainly by the William C. Whitney Foundation.

Over 4000 students from the University of Chicago, Wisconsin, Northwestern, Oberlin, and Harvard were used to standardize the morphological description in the book. Three aspects of the body were selected for study: endomorphy, mesomorphy, and ectomorphy. The subjects were photographed in the nude from three angles: front, back, and side. A schema of numerical evaluations formed the basis for definite typing. The somatotype designations are given in numerals with each numeral representing the position of the subject relative to the scale for each component.

Variations of Human Physique has numerous charts, grafts, and illustrations to supplement the printed page. It furthers the constitutional theory of the approach to human problems and actions. It is of that type which will elicit praise from certain quarters and condemnation from others. Those whose philosophy of human conduct is founded in psychosomatic aspects should read this book to bring further support to their contentions.

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